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ABSTRACT

The American Psychological Association (APA) Task Force on Violence and the Family was convened to bring psychological research and clinical experience to bear on the problem of family violence and to make recommendations for solutions. This report of the Task Force highlights the need for a systematic, multi-faceted, multidisciplinary, and multicultural approach to the problem of family violence. Following an executive summary, Part 1 of the report--"Understanding Family Violence and Its Impact"--lays the groundwork for two central assertions: that violence in the family, like all violence, is learned behavior with far-reaching effects; and that family violence is integrally connected to the intensifying levels of violence in society at large. This section contains four chapters: (1) "What Is Family Violence?"; (2) "The Magnitude of Family Violence"; (3) "Risk and Resiliency Factors"; and (4) "The Effects of Family Violence on Society." Part 2 of the report--"Who Are the Victims of Family Violence?"--focuses on what psychology has to say about the people who are direct victims of violence and abuse. This section contains two chapters: (5) "Adult Victims"; and (6) "Child Victims." Part 3 of the report--"Interventions"--focuses on ways to identify, stop, mitigate the consequences of, or prevent family violence. This section contains four chapters: (7) "Interventions for Victims and Survivors"; (8) "Intervening Effectively with Perpetrators"; (9) "Family Violence, Psychology, and the Law"; and (10) "Promoting Violence-Free Families." The final section provides 26 recommendations in 5 broad areas: (1) public policy and intervention; (2) prevention and public education; (3) clinical services; (4) training; and (5) psychological research. An afterword about the Task Force in the context of APA violence-related activities and a list of APA public interest projects on violence from 1984-1996 conclude the report. (EV)

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Report

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Presidential

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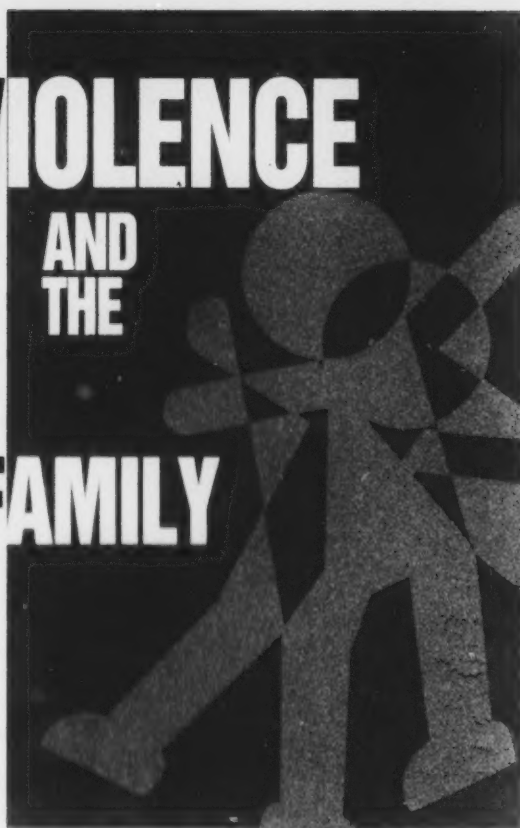


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VIOLENCE AND THE FAMILY

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Report of the Presidential Task Force on Violence and the Family Executive Summary

The American Psychological Association's Presidential Task Force on Violence and the Family was convened to bring psychological research and clinical experience to bear on the troubling problem of violence in the family and to make recommendations for solutions. The task force faced a formidable challenge: Although considerable work has been done in areas such as child abuse, partner abuse, dating violence, elder abuse, and adult survivors of childhood abuse, only recently have the disparate forms of abuse that occur in the home been considered as part of a unified field of study with important crosscurrents and linkages. Furthermore, because standard definitions of key terms have not been adopted, communication across disciplines has been difficult, and much confusion has arisen when researchers and journalists attempt to draw conclusions by comparing studies in which different definitions are used. The task force defined family violence and abuse as including a range of physical, sexual, and emotional maltreatment by one family member against another; according to this definition, the term family includes a variety of relationships beyond those of blood or marriage, in recognition that similar dynamics of abuse may occur in these relationships.

Approaching the forms of family violence as a unified field of study underscores the common dynamic at the heart of them: the perpetrator's misuse of power, control, and authority. Because of this common dynamic, the odds rise that when one form of abuse occurs in the family, another form also is present—or may occur in the future unless helpful interventions take place. Unfortunately, all indications are that family violence and abuse are significantly underreported at all levels of

society. Especially likely to go unreported is abuse of women and children of color and of others outside the majority culture. Social and economic barriers and inequities, especially those that affect African Americans and other ethnic minorities, have significant effects on the rates of interpersonal violence, yet those same barriers lead to fear of reporting and limit access to help.

No specific profiles exist of those who perpetrate family violence, because, like their victims, they are a heterogeneous group. No one can say exactly why one person in a family may turn to violence while another in the same family does not, but the research suggests that a constellation of risk and resiliency factors influences the complex phenomena of family violence. Risk factors include specific sociocultural and interpersonal influences and factors such as alcohol and other drug abuse and a history of previous violence. Some people exposed to risk factors are resilient, however; and because of their psychological hardness, they appear to be less vulnerable to the effects of violence.

Societal attitudes and practices regarding violence also have an influence on the risk of family violence. The presence of guns in the home increases the risk that a homicide will occur, and viewing violence in the media significantly affects attitudes and behaviors about violence. Research has shown that heavy viewing of violence on TV by children increases aggressive behaviors, and those behaviors persist into adulthood.

Society, in turn, reaps the terrible fruit of family violence. Violence in the home may well be the learning ground for later violence in other social settings and in other interper-

► Executive Summary

sonal relationships. For the victim and the family, violence and abuse may lead to destructive long-term psychological and physical consequences. Beyond the family, violence has serious economic and social consequences in society.

Adult Victims

Violence against adult family members may occur at any stage of family life, but it can be thought of broadly as occurring within four contexts: in dating relationships, during marriage or partnership, after separation, and against elders in the family. Violence that begins when a couple is dating is likely to continue and to escalate when the couple lives together or marries.

Battering is a pattern of physical, sexual, or psychological abuse in intimate relationships. Men batter women far more frequently than women batter men. Boys who witness or experience violence in their own homes as children are at major risk for becoming batterers. Alcohol use, especially binge and chronic use, is strongly associated with battering and its more serious aftermath, but it does not cause the violence. Both victims and perpetrators underreport their use of nonprescription drugs.

Many people believe that a battered woman should leave a relationship with a man who batters her, but the violence does not necessarily stop when the relationship is terminated. Couples are particularly vulnerable during periods of separation and divorce. The risk of serious or lethal violence may actually increase after separation. When a marriage ends in divorce, the legal system may become a symbolic battleground where the batterer continues to abuse.

Women who have been battered exhibit a range of measurable psychological effects.

They generally resist their batterers in some way, but a variety of obstacles impede their attempts to avoid or escape the violence.

In addition to the pattern of physical, sexual, and psychological violence, elder abuse also includes emotional or psychological abuse or neglect, or financial and material exploitation of an older person by someone who has a special relationship with the elder. The abuse may take place in the older person's own home or in the home of a caregiver. Elder abuse is significantly underreported, and little information is available to suggest how culture and ethnicity affect the likelihood of elder abuse or to describe the characteristics of perpetrators and victims. The majority of perpetrators of elder abuse are family members, usually adult children, but standard reporting systems do not reveal the extent of battering among elderly couples. Women are most often the caregivers for elderly persons and are reported most as perpetrators of abuse; however, when cases of neglect are removed from the statistics, men are the most frequent perpetrators of physical abuse against elders.

Child Victims

Tragically, child victims are vulnerable both to abuse within their families and to the failures of the systems intended to protect them. Historically, children have been regarded as the property and responsibility solely of their parents; this philosophy, however, places children of abusive parents in considerable danger. Public agencies and professionals have been given the authority to act to protect children, but because of resource scarcity and procedural issues, child protection agencies are not always able to intervene swiftly and decisively, much less to provide treatment or

prevention programs to end the child abuse and maltreatment.

Child abuse occurs across all segments of the population, but affluent middle-class abusers may be less likely to be the subject of formal abuse reports. Although poverty may be the most significant risk factor for children, other factors also seem to put children at risk, too. These factors include family structure, being unwanted, resembling someone the parent dislikes, and having physical or behavioral traits that are different or that make the child especially difficult to care for. Parents are more likely to maltreat their children when the parents abuse alcohol and drugs, or when they have been sexually abused as children. Abused children may show a variety of initial and long-term psychological, emotional, and cognitive effects, but not every child demonstrates serious long-term effects. Children who are exposed to parental violence, even if they themselves are not the targets of this violence, have reactions similar to those of children exposed to other forms of child maltreatment.

When abused children are not given appropriate treatment for the effects of abuse, the lifetime cost to society per abused child is very high. For example, adult survivors of child abuse make up a large percentage of adults who seek psychotherapy and other mental health treatment. These survivors may demonstrate significant long-term effects of the trauma, especially if they received no helpful interventions at the time of the abuse. In their adult relationships, frequently survivors of child abuse are battered by their partners and exploited by other adults in positions of trust. Resolving the symptoms in adult survivors of child abuse may require treatment that deals with the original trauma as well as its aftereffects.

Intervention and Treatment for Victims

To mitigate both the individual and societal effects of family violence, appropriate treatment must be widely available. Intervention and treatment efforts must be customized to meet the complex needs of many individuals who are victims of family violence. Psychologists have developed new models for intervention and treatment for each kind of violence and for families in which multiple forms of abuse and trauma occur. Recent treatment techniques emphasize the strengths that victims have developed to cope with abuse and maltreatment.

Families with the greatest need often do not have access to high-quality treatment services by professionals trained to understand the effects of violence. In addition, people who have been severely traumatized through childhood abuse may need inpatient or long-term outpatient psychotherapy, which may not be available because of financial limitations.

Interventions for battered women often have been designed by community-based battered women shelters and advocacy groups, sometimes with the collaboration of psychologists. Initially a place of safety and support, shelters for battered women now often serve as the locus for a network of legal, psychoeducational, and social services for the woman and, increasingly, for her children as well.

Much more must be done to safeguard the welfare of abused children, both in the immediate aftermath of a report of child abuse and for the long term. The most common intervention for abused children is to remove them from their homes and place them in other environments and, eventually, foster care. This is not always a useful strategy and often may not even be safe, because children may be at

► Executive Summary

risk for abuse by adults and by other children while living in foster homes. Promising alternative approaches include the placement of a helpful person in the child's own home.

Specialized interventions for victims of elder abuse or neglect are based on the principle of invoking the least restrictive alternative in determining environmental and legal protections. The problem of elder abuse is complex, however, and new forms of intervention are needed to respond to elder abuse as a part of the continuum of violence within a family.

Treatment for Perpetrators

Treatment of those who perpetrate family violence is essential, not only to end current violent behavior but to prevent future violence by the abuser. A variety of methods are used to assess and treat perpetrators of family violence, depending on the clinician's theoretical orientation. Researchers have not yet concluded that any approach is significantly more effective than others, assuming equivalent training of the providers and a comprehensive treatment strategy. Most treatment programs include some type of cognitive-behavioral psychotherapy techniques, although the specifics vary with the types of abuse for which the perpetrator is being treated. Treatment must address the perpetrator's use of power and control as well as attitudes and perceptions that support acts of violence.

Legal Issues

Most victims of family violence will have some contact with the legal system that is not well designed to handle such cases. In addition, inequities in the application of the law, racial and class bias, and inadequate investigations have harmed rather than helped many families. The low priority given to funding for implementation of child protection laws results in a legal system that frequently fails to

work. Many battered women find themselves in dangerous positions because the courts often do not give credence or sufficient weight to a history of partner abuse in making decisions about child custody and visitation. Racial bias often influences the court's decision about whether to order treatment or to imprison offenders.

Abuse at the point of and after separation is so serious that courts must pay attention to ways of keeping battered women safer. Researchers indicate that the use of mediation is not appropriate when family violence is an issue. Child custody and visitation decisions must be made with full knowledge of the previous family violence and potential for continued danger, whether or not the child has been physically harmed. Most lawyers, judges, and others in the justice system are not trained in the psychology of family violence and abuse.

Future Directions

Because family violence has been a discrete area of study for a relatively short time, there are still gaps in the knowledge about ways to prevent family violence. There is general agreement that prevention efforts are needed to address the societal conditions that contribute to family violence, and intervention and treatment efforts must take place in every community if family violence is going to be reduced or eliminated.

Psychology has a key role to play in building the community-based coalitions that can prevent and treat family violence. The best way to promote violence-free families is to stop the development of abusive behavior, especially in boys and men; to strengthen and empower potential victims to resist or avoid victimization; and to change the environment that promotes the use of violence. □

**Members of the
APA Presidential Task Force on Violence and the Family**

Ronald E. Fox, PhD

APA President 1994

Human Resources Consultants, PA
Chapel Hill, NC

Lenore E. Walker, EdD, Chair

President and CEO
Walker & Associates
Denver, CO

J. Renae Norton, PsyD, Vice Chair

Clinical Psychologist
Montgomery Center for
Attention Deficit Disorder
Cincinnati, OH

Christine A. Courtois, PhD

Director of Clinical Training
The Center: Post-Traumatic and
Dissociative Disorders Program
The Psychiatric Institute of Washington
Washington, DC

Mary Ann Dutton, PhD

Research Professor
Department of Emergency Medicine
The George Washington University
Medical Center
Washington, DC

Robert Allen Geffner, PhD

Founder and President
The Family Violence and
Sexual Assault Institute
Tyler, TX

W. Rodney Hammond, PhD

Associate Professor and
Former Assistant Dean
Wright State University
School of Professional Psychology
Ellis Human Development Institute
Dayton, OH

Chris Hatcher, PhD

Clinical Professor of Psychology
Department of Psychiatry
University of California, San Francisco
San Francisco, CA

Janis Sanchez, PhD

Associate Professor
Department of Psychology
Old Dominion University
Norfolk, VA

Geraldine Butts Stahly, PhD

Associate Professor
Department of Psychology
California State University-
San Bernardino
San Bernardino, CA

**Staff and Consultants for the
APA Presidential Task Force on Violence and the Family**

APA Staff

Jacquelyn H. H. Gentry, PhD
Staff Director

Kathy Logan
Task Force Assistant

Henry Tones, PhD
Executive Director
Public Interest Directorate

Anne Woodworth
Research Assistant

Consultants

Lynne M. Constantine
Suzanne Scott
Community Scribes
Arlington, VA

Joyce E. Barham
Rockville, MD

Pamela McMahon, PhD
U.S. Centers for Disease Control
and Prevention
Atlanta, GA

Ellen Scrivner, PhD
U.S. Department of Justice
Washington, DC

**Members of the Advisory Council for the
APA Presidential Task Force on Violence and the Family**

Hortensia Amaro, PhD
School of Public Health
Boston University
School of Medicine
Boston, MA

Christina Antonopoulou, PhD
University of Athens
Athens, Greece

Angela Browne, PhD
Better Homes Foundation
Newton, MA

Alice Chang, PhD
APA Board of Directors
Tucson, AZ

Martha L. Deed, PhD
East Amherst, NY

Alan Dershowitz, JD
Harvard Law School
Cambridge, MA

Eva Feindler, PhD
Clinical Psychology
Doctoral Program
Long Island University
C.W. Post Campus
Brookeville, NY

Phyllis B. Frank
VCS Batters
Intervention Project
New City, NY

Joan E. Freedman, PhD
VA Medical Center
Lyons, NJ

Richard J. Gelles, PhD
Family Violence
Research Program
University of Rhode Island
Kingston, RI

Beverly Green, PhD
Psychology Department
St. John's University
Jamaica, NY

Neil S. Jacobson, PhD
Department of Psychology
University of Washington
Center for Clinical Research
Seattle, WA

Karen Kovacs, PhD
Office of Science &
Technology Policy
Washington, DC

Paul Mones, JD
Santa Monica, CA

Carol Nadelson, MD
North Charles
Mental Health & Addiction
Services
Brookline, MA

K. Daniel O'Leary, PhD
Psychology Department
SUNY- Stonybrook
Stonybrook, NY

Judge Richard Price
Supreme Court of New York
Bronx, NY

**Mindy Susan Rosenberg,
PhD**
Sausalito, CA

Murray A. Straus, PhD
Department of Sociology
University of New
Hampshire
Durham, NH

Joel H. Straussner, PhD
Queens High Schools
New York City
Board of Education
Corona, NY

Carolyn Swift, PhD
Lawrence, KS

Emilio Viano, PhD
School of Public Affairs
Department of Justice, Law
& Society
American University
Washington, DC

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Judith Becker, PhD, Tucson, AZ
Bruce Bennett, PhD, Washington, DC
Laura Brown, PhD, Seattle, WA
Rosemary Chalk, Washington, DC
Sarah Cook, Charlottesville, VA
Nancy Crowell, Washington, DC
Leonard Eron, PhD, Ann Arbor, MI
Stuart Hart, PhD, Noblesville, IN
Jeff Haugaard, PhD, Ithaca, NY
Mary Beth Kenkel, PhD, Fresno, CA

Pamela Kime, JD, Glenwood Springs, CO
Iseli Krauss, PhD, Clarion, PA
Kenneth E. Leonard, PhD, Buffalo, NY
Gary Melton, PhD, Columbia, SC
Thomas W. Miller, PhD, Lexington, KY
Ly Nguyen, College Park, MD
Kenneth Pope, PhD, Los Angeles, CA
Susan Schechter, MSW, Iowa City, IA
Sylvia Shellenberger, PhD, Macon, GA
Toshio Tatara, PhD, Washington, DC

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Preface

The growing media attention to the tragedy of violence and abuse in the family has focused the world's gaze on the harsh realities of such violence and on its far-reaching effects. To many, the situation may seem hopelessly complex, because it touches the very core of our society's dearest-held beliefs about human relationships. Nonetheless, we must not let our awareness of the magnitude of the problem and the terrible pain it brings dampen our optimism about a future free of violence in the home.

As the task force members collaborated on this report, we began to tally the small positive changes that have occurred during the last decade, including many that are attributable to the work of psychologists. Although much more needs to be done before the dream of violence-free families can be realized, those small changes can be the first building blocks for revolutionary changes in attitudes and behavior.

Most apparent is the need for a systematic, multifaceted, multidisciplinary, and multicultural approach to the problem of family violence. Too many victims remain isolated, locked in by belief in the sanctity of the home, with few resources to help them escape and rebuild their lives. Too many abusers remain closed to new ways of viewing their relationships with their victims because they do not have access to appropriate treatment.

Psychoeducational efforts have become a ubiquitous element in the response to family violence, but such efforts alone are not enough. We overwhelmingly agree that such efforts must be combined with psychological research, interdisciplinary intervention and treatment programs, and systemic changes in policies to protect and educate victims and to educate, intervene with, and treat perpetrators. Furthermore, we want to emphasize ways in which communities can collaborate to promote nonviolent, healthy families, and to prevent family violence from occurring in the first place.

Our hope is that this report will provide insight and understanding about the many issues in which psychology is involved in identifying, quantifying, treating, and preventing violence within the family. But beyond that, we hope it will guide further research efforts, lead to new policies and laws, and inspire collaboration across disciplines. Each new step will add another building block to the foundation for violence-free families.

Ronald E. Fox, PhD

Lenore Walker, EdD



PART I

UNDERSTANDING FAMILY VIOLENCE AND ITS IMPACT

In the first part of this report, we lay the groundwork for two central assertions: first, that violence in the family, like all violence, is learned behavior with far-reaching effects; and, second, that family violence is integrally connected to the intensifying levels of violence in the street, in the community, and in the larger society.

■ Chapter 1, "What Is Family Violence?"

We define the terms that will be used throughout the report and describe some of the issues and challenges that arise in working in the area of family violence. In addition, we demarcate family violence within the scope of human violence and aggression by outlining the unique social, emotional, psychological, and legal circumstances that arise when violence takes place within the privileged environment of the home.

■ Chapter 2, "The Magnitude of Family Violence." We describe what is known about the incidence and prevalence of family violence in American society. At the same time, we make clear that prevalence and incidence statistics alone are not sufficient to define the complex pattern of acts and interactions that must be understood before effective interventions can be designed. Of particular importance is the fact that knowledge about family relationships currently is incomplete in many areas. Specifically, research is needed to understand the multi-

ple social and cultural contexts in which family violence occurs and to collect accurate information about the experiences of people of color, the elderly, people with disabilities, and members of other

groups within the American population whose experiences differ from those of the mainstream culture.

■ Chapter 3, "Risk and Resiliency

Factors." We address the core question, "Why does family violence happen?" Although no single theory adequately accounts for all family violence and abuse, experts know that violence is often a learned behavior and that much of that learning takes place in the home. The available research on why family violence and abuse occur suggests the existence of a constellation of risk and resiliency factors that may affect the likelihood of an individual's or a family's experiencing family violence.

■ Chapter 4, "The Effects of Family

Violence on Society." We describe the links between family violence and other social problems. Violence in the family has consequences not only for the family members involved but also for the therapists who treat victims and perpetrators and for the society that must absorb and respond to the economic, social, interpersonal, and community impacts of family violence. Violence can erode the fundamental emotional and psychological bonds on which families and communities are built.

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What Is Family Violence?

- ▶ **Family violence and abuse are concepts familiar to most of us.** Tragic reports of victims being harmed by those closest to them appear regularly in newspapers and on television. Closer to home, we often observe the disastrous consequences of family violence in our communities, schools, workplaces—perhaps even in our own homes.
- ▶ **Family violence and abuse means the physical, sexual, and emotional maltreatment of one family member by another.** The term *family violence* encompasses battering (also called spouse abuse, partner abuse, or domestic violence), marital rape, dating violence (including date rape), child sexual abuse, child physical and emotional maltreatment, and elder abuse.
- ▶ **The various forms of family violence have more in common than that each involves family members.** For example:
 - If one form of violence is present in a relationship, the likelihood increases that other forms of violence are going on as well.
 - Family violence in its many forms includes elements of control and abuse of power by the person committing the violence.
 - Psychological and sociocultural factors that lead to violence and maintain the cycle of violence often are the same for the different forms of family violence.
 - The psychological trauma resulting from violence and the symptoms experienced by victims are similar in the different forms of family violence.

Defining the Terms

Although the term *family violence* is widely used, no single definition of violence and abuse within families has been established and agreed to by all who study the subject. The lack of commonly accepted definitions is significant because it may result in misleading conclusions when data are compared across research studies in which different definitions are used. To avoid creating

confusion, we use the terms in this report consistently in the following ways:

- **Family violence and abuse** refers to acts of physical abuse, sexual abuse, and psychological maltreatment; chronic situations in which one person controls or intends to control another person's behavior; and misuse of power that may result in injury or harm to the psychological, social, economic, sexual, or physical well-being of family members.

► Understanding Family Violence and Its Impact

■ **Family**, a term that traditionally refers to people related by blood or marriage, is used in this report to refer to a range of relationships among people, whether or not they have blood ties or fit the legal or religious definitions of family. In using this definition, we do not imply that all such relationships are legally or morally equivalent; we simply acknowledge that violence has similar mechanisms and effects when it occurs in any of the following relationships:

- Traditional nuclear families (married partners with children)
- Extended families (several generations or groups related by blood or marriage)
- Step-families (blended families)
- Intimate partners who may or may not be married
- Former intimate partners
- Families of choice, that is, families created by people who choose to consider themselves a family
- Families who live apart or together
- Families with and without children
- Gay and lesbian families
- Individuals not related by blood or marriage but who have assumed a family role

Within the general category of family violence there are more specific categories, defined by the nature of the relationship between the abuser and the victim and the circumstances of their lives. The following definitions describe these relationships and circumstances; each category is defined more fully in later chapters:

■ **Child abuse and maltreatment** occur when a parent, parent substitute (e.g., a step-

parent, a grandparent, or a parent's dating partner), sibling, or other related adult is violent or abusive toward a dependent child. This term encompasses:

- **Physical child abuse**
- **Incest and child sexual abuse**
- **Psychological maltreatment**, which includes verbal and emotional abuse as well as child neglect and a child's exposure to violence between parents or others in the home. The child does not have to see or overhear acts of violence taking place; the situation is considered abusive even when the child is simply aware that such violence is occurring.
- **Violence directed against an intimate partner** includes abuse, battering, and sexual assault that occurs in intimate relationships throughout the lifespan, whether the individuals are married, dating, living together, separated, or divorced.
- **Elder abuse and maltreatment** includes violence and abuse directed against an older family member by a child, adolescent, or adult. The term encompasses neglect as well as physical, sexual, and psychological maltreatment.

Understanding the Complexities of Family Violence

Family violence and abuse is a complex pattern of acts and interactions, and the extent, severity, and meaning of acts of family violence are not fully reflected in statistics alone. A single push, punch, or kick, for instance, or one instance of child maltreatment may reverberate within a family, affecting the family's pattern of interaction for weeks, months, or even years.

The meaning of an individual act of violence may differ depending on the power relationships among the people involved. The greater the abuser's power within the family, the more likely it is that the victim's fear will last far longer than the act of violence. For example, if a young child pushes or strikes a parent, it has a much different meaning and far different repercussions than it would if the parent were hitting the child, or if an older child were hitting the parent. A young child's act would not usually be seen by the parent as physically menacing; an older, stronger child's action, however, could be difficult to restrain or resist, or could cause serious harm. Similarly, the consequences of a woman striking her male partner may be different from the impact of his striking her. Differences between men and women in size and strength often lead to different levels of fear, intimidation, and injury. In addition, differences in social power and role expectations create different implications for women and men. Female victims, for example, often feel terrorized and controlled by their fears that the situation could worsen.

▶ Those who read reports and interpret research studies should pay close attention to the definitions of violence and abuse before comparing statistics within individual studies or between studies. Researchers often report apparently different rates of family violence because the definitions used are different, resulting in misleading conclusions about trends. For example, when definitions of family violence include only physical assault, the incidence will appear much lower.

Differentiating Family Violence from Other Forms of Violence

A fundamental difference between family violence and other forms of violence (such as street violence) is that family violence occurs within ongoing relationships that are expected to be protective, supportive, and nurturing. The ties between victim and victimizer often are the strongest emotional bonds, and victims frequently feel a sense of loyalty to their abusers. Whether the violence occurs between husbands and wives, domestic partners, or parents and children, victims often are economically dependent on the people who harm them. Hence, victims frequently are caught in a web of paradoxes:

■ The victim wants to escape the violence but also longs to belong to a family. To an outsider, remaining in an abusive family seems to defy common sense. But the victim's loyalty and strong emotional ties to the abuser are powerful opponents to the victim's desire to escape. Consequently, even a victim who reports an abusive family member to police may later protect the person by denying, minimizing, or recanting the report.

■ Affection and attention may coexist with violence and abuse. Many violent and abusive relationships have a recurring cycle that begins after a loving courtship period. Mounting tension characterized by fear and anticipation of abuse ultimately gives way to more abusive behavior. After an abusive incident, the cycle may come full circle with a period of reconciliation often marked by the affection and attention seen in the courtship period.

■ Ongoing family relationships create opportunities for repeat victimization. A victim of violence is more likely to be victimized again when the assailant is a member of the

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family, not a stranger. Many women abused by their partners are battered again within 6 to 12 months after the partner's arrest if there is no further intervention. Children, too, are at greater risk of repeated victimization: A national survey found that in almost all child abuse cases reported to authorities, more than one incident was cited. The strong likelihood of repeated victimization is more than just a matter of family members' having ready access to and frequent contact with their victims. The continuing nature of family relationships and the significance of legal or emotional kinship ties make repeated occurrences of abuse more likely.

■ The intensity of the violence tends to increase over time, although in some cases physical violence may decrease or even stop altogether. The abuser's behavior may vary throughout the life of the relationship, taking verbal, sexual, emotional, or physical forms. These behavioral changes may reflect alterations in the victimizer's external circumstances or internal state, as power and control are maintained over the victims.

► Identifying and studying some forms of violence as *family violence* in no way minimizes their social, legal, and personal significance. Family violence is among the most frequent and dangerous forms of violent interactions. For centuries, family violence was viewed as a private matter, not under the jurisdiction of ordinary law and therefore less consequential, less damaging, and less worthy of society's serious attention than was violence between strangers. Both clinical

► experience and psychological research demonstrate that violence and abuse within the family have real and significant effects on individuals, families, communities, and society. Many of these effects are long-lasting. In fact, family violence may underlie and cause more complex psychological damage than other forms of interpersonal violence and may be at the root of many current social problems.

► Although random violence is also on the rise in our society, women and children remain at greatest risk of sexual violence or physical assault by their current or former partners, parents or parental figures, and other family members.

Changing Structures: Family, Society, and Culture

The structure of the family is changing around the world, and the effects on individuals are both positive and negative. Although many people are concerned about the effects of such changes on the traditional values of the family, no empirical research yet shows whether such changes in the family structure affect the risk factors for family violence. In the United States, for example, more women work outside the home, more men are involved in child care, and more adult children remain at home longer than ever before. Some of these changes may have

positive effects, adding vigor to family life; others, however, may cause additional stress, especially when they are associated with poverty, unemployment, lack of access to services, or prejudice and discrimination. But family stress does not always lead to family violence. For example, there is no evidence to suggest that single-parent families are at higher risk for family violence unless other stressful factors are present—such as the greater likelihood of poverty among female-headed households.

Specific social conditions can increase the risk of family violence and, at the same time, may make some individuals more resilient and able to cope. For example, many researchers have found that poverty is a strong risk factor for child abuse; therefore, any increase in the number of families living in poverty can be expected to increase the level of child maltreatment. However, higher rates of child maltreatment are not always found in communities of poor people, which suggests that many other factors are at work to mitigate the risk. To avoid misinterpretation and unfair characterization of certain groups, it is important not to generalize data.

The United States is rich in cultural diversity, and families reflect the multicultural nature of our society. Recognizing such cultural diversity is crucial to the study of family violence. Surprisingly, psychological studies of family violence rarely have systematically examined specific ethnic and racial minorities such as African Americans, Latinos, Asian Americans, and Native Americans. Similarly, the special circumstances affecting violence in demographic groups such as lesbian and gay families, people with disabilities, and the elderly have not been adequately and systematically studied.

The African American community, the largest non-European ethnic minority group in the United States, has been studied more than other ethnic minority groups. This situation has occurred in part because African Americans are the only people of color about whom national survey data, crime statistics, and victimization statistics have been consistently collected from the time that data on family violence began to be reported. Some of the studies appear to have been interpreted based on assumptions drawn from the majority culture's experience. Therefore, important aspects of African Americans' experience with family violence may have been overlooked. It is important not to overgeneralize the little that is known about ethnic minority and other groups. There are vast differences among people within all groups, and individual differences as well as group differences need to be explored and understood.

Most psychological studies of family violence indicate that culture is not a significant factor in predicting or explaining violence. These studies are supported by clinical experience, and they reflect the significant differences among individuals within minority groups. Nevertheless, a person's cultural background may affect his or her experience of violence. For example, if an Asian American girl who is physically abused by her father has adopted her culture's traditional orientation toward placing family piety and loyalty above individual needs, she may resist any notion of holding her father accountable for the abuse. Similarly, a Native American woman's sense of tribal sovereignty and loyalty may conflict with making a police report about a husband who assaults her.

Within the African American community, the fact that African American men are impris-

oned at greatly disproportionate rates may affect the decisions African American women make if they are victims of family violence. Some may decide to risk their own safety and that of their children rather than put an African American man at risk of discriminatory treatment by the criminal justice system. As a result of not disclosing abuse, they may not receive the family and community support they need to find appropriate solutions to the violence.

Chapter 1: Key Points

- *Family violence and abuse* is an overarching term that includes a range of physical, sexual, and emotional maltreatment by one family member against another.
- *Family* refers to a variety of relationships beyond those that are related by blood or marriage. It takes into account the differing values and beliefs of the diverse cultures in the United States.
- Violence and abuse in the family, by custom, have been differentiated from forms of violence that occur outside the privacy of the home. Violence in the family has certain other characteristics that distinguish it from other forms of interpersonal violence.
- Labeling certain forms of violence as family violence and abuse in no way minimizes their social, legal, and personal significance.
- Because there currently are no standard definitions of violence and abuse within families, it is important to consider the precise meanings of terms when information about family violence is reported. When definitions differ, comparing data within a single study or between studies can be misleading. □

The Magnitude of Family Violence

Family violence and abuse are at epidemic proportions in the United States and in many societies worldwide.

Acknowledging the Problem

In 1985, the U.S. Surgeon General declared family violence a national epidemic. Since then, organizations such as the American Medical Association and the U.S. Centers for Disease Control and Prevention have made similar declarations. Despite the difficulty of gathering precise statistics, these groups and others believe that family abuse and violence are significantly underreported and that large segments of the population, especially women and children, are affected. Psychologists and other social scientists who study the incidence and prevalence of family violence and abuse agree that:

- Family violence and abuse are among the most prevalent forms of interpersonal violence against women and young children—both boys and girls. The result of such violence may be serious physical, sexual, and psychological harm; injuries; or death.
- The majority of adult victims of family violence are women, and the majority of victimizers are men.
- Men are the most frequent abusers of children, but when neglect is included in statistics about child abuse, the proportion of male and female abusers equalizes.
- Several types of violence and abuse within the family often are interconnected. For example, men who batter their intimate partners are more likely to be abusing their children as well. Similarly, in homes where child abuse occurs, there is greater likelihood that partner abuse also is occurring.

■ Family violence is traumatizing to most victims. Even a single act of violence by a family member may cause long-lasting trauma as well as immediate harm to a victim or an observer. Repeated abuse and severe violence causes significant psychological distress and may result in posttraumatic stress disorder (PTSD); depression; or dissociative, anxiety, or mood disorders. Abuse may also lead to psychological problems such as suicidal feelings, suicide attempts, and substance abuse.

■ Being exposed to family violence may have a significant effect on family members who are not directly involved as victims or victimizers. This "secondary victimization" may cause psychological symptoms similar to those experienced by the direct victims of the violence.

■ Family violence must be understood from multiple perspectives:

- Individual characteristics and past experiences of family members
- The family's structure and patterns of interaction
- Social and economic position and circumstances
- Ethnic background
- Cultural background
- Physical, mental, and emotional ability and disability
- Sexual orientation
- Geographical location (e.g., urban, suburban, rural)

Collecting Data on Family Violence

Collecting data about family violence is difficult because most of the violence occurs behind closed doors in the home. To come up with accurate estimates of the extent, correlates, and patterns of the violence, psychologists look at information from a wide variety of sources. These sources include:

- Community surveys
- Crime reports
- Observations made in treatment settings and case reports
- Psychological assessment and test data
- Interviews with victims and perpetrators
- Data gathered through research in family settings as well as in other settings in which interpersonal violence occurs

Conclusions that are generally accepted by researchers in the field of family violence typically are based on congruent observations from several of these research and clinical settings.

Acknowledging the Pervasiveness of the Problem

Family violence is epidemic in this country. But the United States is not alone. According to the platform of the Fourth United Nations World Conference on Women held in Beijing in 1995, family violence is epidemic in most societies around the world. The following statistics provide a sense of how pervasive the problem of family violence is in America:

- Nearly one in every three adult women experiences at least one physical assault by a partner during adulthood.

■ An estimated 4 million American women experience a serious assault by an intimate partner during an average 12-month period.

■ In 1993, approximately 575,000 men were arrested for committing violence against women, compared to 49,000 arrests of women for committing violence against men. Arrest rates may not accurately reflect the incidence of violence, because many factors beyond the nature of the violent incident influence the decision to make an arrest.

■ Women who experience violence that is perpetrated by an intimate partner fail to report the crime to law enforcement personnel six times more often than do women who experience violence that is perpetrated by a stranger.

■ In 1993, approximately 1,300 women in the United States reportedly were killed by abusive partners or former partners, most with hand guns. This figure may be an underestimate of the actual number of women killed by their partners, because the victim's relationship with the perpetrator often is not identified in the statistical reports.

■ In 1993, approximately 1,300 children died as a result of child abuse and neglect; an estimated 2.9 million cases of suspected child abuse and neglect were reported to authorities, and an estimated 1,016,000 of these cases were confirmed by child protective services.

■ Since 1980, there has been a dramatic rise in the incidence of child maltreatment reported to authorities.

■ Fifty-seven percent of children under 12 who are murdered are killed by a parent.

- Each year, an estimated 3.3 million children are exposed to violence by family members against their mothers or female caretakers.
- Sixteen to 34% of girls and 10% to 20% of boys are sexually abused, most by a family member or trusted family friend.
- A family member is involved in nearly a third of the murders of people aged 60 or older.

Violence against women by their intimate partners is a frequent occurrence. Researchers have found consistently high rates of violence; for example, one out of two women to one out of four women will experience abuse by a male partner at some time in their lives. During just one year, an assault against a woman by her male partner occurred in almost 35 of every 100 couples. Violence against the woman occurred in approximately 20% of dating couples.

Correcting Misconceptions About Incidence and Prevalence

From time to time, reports or studies cite different estimates of the incidence (number of occurrences in a year) and prevalence (number of people who have experienced the condition) of family violence and abuse. Whatever numbers are reported, experts still agree that family violence and abuse are widespread and serious problems.

Most experts agree that family violence directly affects a significant proportion of families. Differences in estimates often are attributable to differences in definitions. A narrow definition that includes only physical assault will yield lower estimates than a broader definition that includes sexual abuse and psychological terrorism. Other differences in estimates are attributable to reporting methods. When family members talk to a trained, sensitive interviewer about their experiences of violence, reported rates are likely to be higher than when the same people are questioned by an untrained person.

Experts generally agree that in an abusive family situation, the abuser uses physical, sexual, or psychological coercion or intimidation for the purpose of achieving power and control over family members or to punish them for not meeting the abuser's needs. The acts do not necessarily have to be frequent or continuing; in specific instances, a single act or threat of abuse may be enough to establish unreasonable dominance and control over the victim. For this reason, it is important not to trivialize any act of aggression or neglect within the family.

Experts disagree about whether all instances of aggression within the family fall under the heading of family violence. For example, is physical punishment of a child always—or ever—considered to be child abuse? Are partners abusive if they occasionally shout at each other or slam doors during an argument? Some of the confusion is caused by the lack of standard definitions within the field; but personal or cultural differences in the interpretation of such acts also may play a role.

Spanking a child as a form of discipline may appear to have short-term positive effects, but it may also have unintended consequences. In virtually all cultures, some people believe that the only proper way to raise a child is to use physical punishment. They fear that children who are not spanked will grow up without the moral values of their culture. However, some psychologists who study the transmission of violence believe that although children who are spanked may learn the expected lessons, they also learn that the people who love them the most have the right to use physical force as an acceptable way to control behavior. Although spankings may be meted out with good intentions, they may increase the likelihood that a child may later resort to using violence or may accept violence in intimate relationships as inevitable and inescapable.

Research suggests that false reporting of family violence occurs infrequently. Although many people believe that women especially will lodge false charges of child abuse or battering against their spouses in an effort to manipulate or retaliate, the rate of false reports in these circumstances is no greater than for other crimes. Contrary to widespread beliefs, research findings suggest that reports of child sexual abuse do not increase during divorce and actually occur in only about 2% to 3% of the cases. Even during custody disputes, fewer than 10% of cases involve reports of child sexual abuse. When objective investigations are conducted,

child sexual abuse reports that surface during divorce or custody disputes, the charges are as likely to be confirmed as are reports made at other times. Unfortunately, objective evaluations frequently do not occur when such allegations arise during divorce proceedings. Often nonstandardized checklists, rather than objective and comprehensive evaluations, are used to determine the truthfulness of the person making the report, which may further compromise children's safety and development.

Debate about the accuracy of adult recollections of childhood abuse should not be used to obscure the reality and prevalence of child sexual abuse. Data from a variety of different sources provide evidence that 16% to 34% of American women and 5% to 10% of American men report that they experienced some form of sexual abuse as children. Many adults retain some conscious memory of their abuse experience, even if they do not fully understand it or disclose it to others. Their consciousness of the abuse may include total memory, partial memory, or memories that are accessible on a fluctuating basis. A substantial minority of adults abused as children have total memory loss for a period of time. These experiences can result in delayed recall or disclosure. Delayed recall should not automatically be assumed to be a false or implanted memory. Conversely, a memory should not automatically be interpreted as a literal, historical reality.

Difficulties in Collecting Data

Professionals face a number of difficulties in the process of collecting and analyzing data as well as in responding to victims of family violence. For a variety of reasons, incidents of family violence are underreported. Furthermore, without adequate special-

ized training of professionals, victims may not receive the protection and safety they need, and the professionals may be ill-equipped to cope with their own intense emotional reactions to stories of abuse.

Experts agree that there is significant underreporting of family violence.

Underreporting exists for many reasons:

- People tend to view what happens within the family as being private.
- Some people fail to view family violence as a crime or to report it to the authorities.
- Some people are highly suspicious of and uncooperative with authorities or those who might offer support.
- Family members tend to minimize and deny abuse in order to preserve the family unit.
- Victims may wish to avoid personal stigma.
- Victims may fear retaliation.
- Perpetrators frequently deny being abusive.
- Victims are often dependent on the abuser, especially children, elderly people, or people who have disabilities.
- Victims are unable to report the abuse; (e.g., a small child, a person who has a disability, a frail elderly person, or a person who is virtually imprisoned in her own home).
- Many victims and professionals tend to discount emotional abuse and to minimize its importance because it leaves no physical signs.
- Victims may try to avoid unwanted encounters with law enforcement personnel because they believe that enforcement will be ineffective or unjust, or that law enforcement personnel will discriminate against the victim or victimizer.

■ Victims with special needs or circumstances may lack access to appropriate services (e.g., victims in rural areas, people with disabilities, and lesbian and gay couples). Even if special services are available, they often are not adequate, and previous encounters with discrimination may lead victims to believe that available resources offer little protection or assistance.

Service providers and others in a position to recognize and report family violence, especially physical or sexual abuse, often miss the key indicators because they have not been trained to look for or assess signs of abuse. One reason why they may not recognize and report family violence is that they harbor stereotypes, causing them to assume that some families are unlikely to be abusive and to expect it in other families. For example, service providers may assume that highly educated or well-to-do people are unlikely to be either the victims or perpetrators of family violence. Similarly, they may fail to recognize male victims because male victims are less typical.

Service providers may sometimes fail to report family violence because they believe the process is too complex, and do not want to get involved because they do not believe the outcome really will protect the victim, or because they fear for their own physical or psychological safety. Many service providers also believe that reporting interferes with their ability to provide therapy and other interventions for the family. In the absence of mandatory reporting laws with careful follow-up, service providers are unlikely to have reporting procedures in place. Such procedures are important: For example, data show that when emergency room personnel are trained to use standard protocols for identifying cases of sus-

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pected physical abuse, more accurate observation occurs, and reporting increases. Careful follow-up also is valuable because it gives service providers more information about victims' experiences after the report was made.

The context within which data is collected often affects the completeness and accuracy of the report, and experts believe that people are likely to underreport family violence. National self-report studies of Americans who are victims of crime typically reveal much higher rates of violent crime than do studies based on official law enforcement crime reports. But a major ongoing source of national statistical data about violence within the family—the U.S. Department of Justice National Crime Victimization Survey (NCVS)—may underestimate the incidence and prevalence of family violence. When comparing the rates of violent crime cited in national self-report studies such as the NCVS with those cited in the FBI's Uniform Crime Reporting System (UCRS) which is based on police reports, the NCVS data show a *lower* incidence rate than the UCRS report for the crimes of family violence and rape. There may be other explanations for this finding, including factors such as limited sampling of individuals younger than 12 years old, the reluctance of individuals to report crimes committed by people known to them, the potentially higher social stigma of being a victim of these intimate crimes as compared to being victims of robbery or theft, or miscoding of various family violence crimes as crimes within other categories.

Professionals who work with interpersonal violence in the trauma field need special training not only to recognize symptoms of abuse and to deal with their clients, but also to recognize and manage their own emo-

tions when confronted with that magnitude of human suffering. Such specialized training gives professionals more realistic expectations about the demands of their profession. Even with the best of training, some professionals are themselves traumatized simply from listening repeatedly to stories of violence. This kind of trauma in professionals is called vicarious victimization or secondary posttraumatic stress disorder. If professionals do not manage such strong emotional responses constructively, they may ultimately jeopardize the victims' opportunity to get recognition and help.

Recognizing Gender Issues in Partner Abuse

Women suffer injuries related to domestic violence about 13 times more frequently than do men, even though some men are abused by women within their own families. Women initiate violence less frequently than men; when they do, their acts usually are in self-defense. In addition, women's violent behavior toward their intimate partners is typically less severe and less frequent, results in fewer injuries, and includes less fear-inducing, intimidating, and bullying behavior. Although a few researchers appear to find equivalent levels of certain violent behaviors by women and men in families, they mostly use small, unrepresentative samples and a methodology whereby they count the number of times certain less serious acts are reported to have occurred, without attaching significance to whether these acts were defensive or offensive in nature, whether the acts caused the same type of fear in men as in women, and without taking into account either the context or the outcomes of the acts.

Studies show that battering occurs in gay and lesbian relationships, although the extent of the problem is unknown. As with

other types of abuse, battering in gay and lesbian relationships may be undisclosed and is likely to be underreported. The limited data available suggest that partner violence occurs with similar frequency in homosexual and heterosexual relationships. However, because of the small size of the lesbian and gay community, gay and lesbian battered partners may experience a greater degree of shame and isolation, which may keep them from disclosing or reporting their experience. Counseling and support services in the gay and lesbian community are only beginning to address family violence. Other resources and professionals in the larger community may not be sensitive to lesbian and gay abuse issues.

Studies of battering in lesbian and gay relationships support the idea that the unequal distribution of power in a relationship may be at the core of partner violence just as it is in heterosexual relationships. The prevalence and patterns of violence in gay and lesbian relationships need further study. Currently, there are few studies of man-to-man or woman-to-woman partner violence, and the studies are often based on nonrepresentative samples. In comparison to women, men underreport violence, whether they are perpetrators or victims in homosexual or heterosexual relationships.

Recognizing the Issues of Diversity and Variety of Contexts

Reports of violence among families of color and families in other marginalized groups have not been captured adequately by major data-collection efforts. The FBI's Uniform Crime Reporting System and the Department of Justice's National Crime Victimization Survey only recently have begun collecting and reporting data in a way

that more precisely addresses racial and ethnic diversity. Unfortunately, until more accurate data are available, generalizations based on stereotypes, not knowledge, may result in serious misunderstanding of these families and prevent them from getting services that are adequate and appropriate for their needs. When families are marginalized in this way, the severity and importance of the victims' experiences are denigrated and minimized.

More needs to be known about the multiple social and cultural contexts in which family violence takes place. The experiences of families outside the White, middle-class culture in the United States are greatly understudied. This fact is especially true of the experiences of minority and immigrant families, rural families, homeless families, and lesbian and gay families, as well as the experiences of the elderly and people with disabilities in families. In the majority of studies, researchers fail to analyze data by race, ethnicity, age, class, socioeconomic level, sexual orientation, urban or rural residence, disability, and other key factors (such as immigrant status or homelessness) that reflect the diversity within American society. Many researchers who attempt to take diversity into account fail to use representative samples across diverse groups or within groups.

Sociocultural barriers and inequities, especially as they affect African Americans and other ethnic minorities in the United States, have been shown to have significant effects on rates of interpersonal violence and may have similar effects on rates of family violence. Such structural inequities include prejudice and discrimination, chronic unemployment, poverty, lack of access to health care, and lack of access to adequate education. Structural barriers—for example, language or

limited resources—may prevent families of color from having access to basic information about where to go for help, how to find temporary shelter, and how to gain legal assistance or advice. These families often feel that their needs are ignored. Furthermore, they have little reason to believe that the social systems that have been aversive to them in the past will offer any assistance now. Also, the perception or reality of inequitable policing and more severe legal punishments for people of color leads these families to be afraid to report abuse. The result is that many victims feel that they have few support resources to turn to when they wish to escape an abusive and violent home.

Researchers have yet to fully explore the role of ethnic and racial differences in family violence and in its prevention or amelioration. Understanding the ways in which racial and ethnic differences affect a family member's attitude toward violence within the family and his or her attitude about seeking help outside the family is critical to any understanding of how to stop violence in the family. Until recent years, the experience and perspectives of minority populations have not been included routinely in research, in the development of theory, or in the design of services. Yet evidence suggests that these perspectives may be quite significant. For example, although formal resources for support of families experiencing violence tend to be less available in African American communities, extended families may provide a significant support system. Whether this support system ultimately helps or hinders the victim in finding safety, and whether the extended family's lack of training in responding to family violence and abuse creates other obstacles, has not yet been sufficiently investigated.

Cultural background and accepted practices may affect where and how victims seek services. Asian Americans, for example, may be more likely to use non-Asian-specific support networks because disclosing private family matters stands in direct opposition to their cultural values. Language barriers and problems of illegal immigration may have a major effect on whether large segments of non-English-speaking populations are willing to risk seeking and receiving help.

Chapter 2: Key Points

- Because of the complexities of collecting data about family violence, psychologists and others studying the problem must rely on a range of information sources to determine the pervasiveness of family violence.
- Estimates of incidence and prevalence may vary, but all indications are that family abuse and violence are significantly underreported and that large segments of the population, especially women and children, are affected.
- Abuse of women and children in families of color and in other families outside the majority culture also is greatly underreported.
- More needs to be known about the multiple social and cultural contexts in which family violence takes place. Research has not yet fully assessed the role of ethnic and racial differences in family violence.
- Studies show that abuse occurs in gay and lesbian relationships, but the lack of adequate resources available may discourage disclosure, making it difficult to understand the extent of the problem.
- Social and economic barriers and inequities, especially those that affect African Americans and other ethnic minorities, have significant effects on the rates of interpersonal violence, yet those same barriers lead to fear of reporting and limit access to help. □

Risk and Resiliency Factors

▶ Although much is known about family violence, a still-unanswered core question is, "Why does family violence happen?"

Psychologists and other social scientists have developed a number of useful theories to help explain why violence occurs in families. Research based on such theories suggests that a constellation of *risk and resiliency factors* influence the complex phenomena of family violence. These factors have been derived from studying:

- Effects of the culture or society in which individuals live
- Demographic, psychological, and biological factors as well as life experiences of individuals and their families
- Interactions among the individuals in the family

Numerous theories have been posed in an attempt to explain what causes the many different forms of violence, including family violence. Some of these theories focus on systemic factors such as sexism, racism, ageism, homophobia, and discrimination against those who have disabilities. Other theories focus on the characteristics of individuals, such as their personal histories, ways of dealing with anger, psychological disturbances and maladaptive behaviors, biological and neuropsychological uniqueness, and attitudes toward women and children. Still other theories focus on how the characteristics of the family, group, community, or society influence the teaching of violence.

Among the psychological theories that have been applied in researchers' attempts to

understand the multilevel context of family abuse and violence are social-learning and cognitive-behavioral theories, psychodynamic and interpersonal theories, feminist psychological theories, family systems theories, biopsychological theories, stress theories, social-exchange theories, and theories founded on a psychoecological approach. A more complete discussion of the contributions of each of these theories can be found in psychological literature.

Identifying risk and resiliency factors is the most useful and practical strategy currently available for understanding the complexities of family violence. On the most basic level, studying risk factors can help us identify the people in greatest need of violence prevention efforts. On another level, such research can help us suggest approaches to programs that will foster resilience in families at risk or suggest strategies that will counter the risks of violence.

▶ No one theory adequately accounts for all family violence and abuse.

We do know that violence often is learned behavior and that much of that learning takes place in the home. This conclusion is supported by more than five decades of psychological research on aggression and violence in the family and outside the family.

Understanding Risk Factors

Risk factors are not *causes* of family violence, but the presence of risk factors makes violence more likely under certain circumstances; therefore, psychologists try to identify risk factors in order to intervene and eliminate or reduce the risk of violence. Risk fac-

tors are individual or group characteristics or experiences as well as social circumstances that are associated with the occurrence of family violence. Rarely does one risk factor alone determine overall risk; rather, a few factors typically appear in combination.

► Studies show that the leading risk factors for engaging in family violence or for becoming a victim fall into two categories: individual influences and sociocultural influences.

Individual influences

- Fighting within the home of origin
- Exposure to parental violence
- Previous violence in other relationships
- Isolation from family and friends
- High levels of expressed anger and impulsivity
- Inappropriate expectations of children (e.g., expecting a 1-year-old to be completely toilet trained)
- Aggressive response to actual and perceived stress
- Rigid acceptance of traditional concepts of men's entitlement to superiority and control over family members
- Biological and neuropsychological factors, inherited or acquired.
- Physical or mental limitations or disabilities
- Alcohol and drug abuse

Sociocultural influences

- Acceptance of marital fighting
- Widespread assumption and social expectations that men are superior to women and are entitled to exert control over their family members
- Poverty
- Guns in the home or easy access to weapons
- Acceptance of violence when perpetrated by institutions or groups of people in authority (e.g., capital punishment, police violence)
- Acceptance of violence in the media
- Violent environment or neighborhood
- Violence in the culture
- Gender stereotypes
- Religious ideology encouraging men's control of family members

With family violence, as with all forms of interpersonal violence, the best predictor of future violence is previous violence. In instances of battering, for example, evidence is reasonably strong that more severe forms of physical aggression are usually preceded by less severe forms of physical and verbal aggression. Interventions are needed, therefore, to prevent progression from one stage to the other, even though less severe forms do not always lead to more severe forms of violence. Some researchers are also investigating whether specific factors may predict mild or severe aggression. Recent findings suggest that a combination of neurochemical, psychological, social, and physical factors may interact and contribute to these different behaviors.

The strongest risk factor for being a victim of partner violence is being female.

Understanding the Contribution of Alcohol and Other Drug Abuse

There is a relationship between alcohol and drug abuse and family violence, but, as with all risk factors, there is not a direct cause-and-effect relationship. Family violence and alcohol and other drug abuse are related in complex ways. Victims, for example, often medicate themselves with alcohol and drugs to help numb the emotional aftermath of the violence; in fact, some researchers have found that a history of family violence may be the single most influential risk factor for abuse of alcohol and drugs. The perpetrators of violent acts often abuse alcohol and other drugs. Excessive use of alcohol, for example, is associated with more serious acts of violence. Cocaine is associated with more serious sexual and physical injuries; crack, crank, and other cocaine deriva-

tives, as well as amphetamines or methamphetamines, are associated with greater physical aggression and injuries.

Women who abuse alcohol and drugs when pregnant frequently are battered during the pregnancy; evidence also suggests that they may have been abused as children. Much of what we know about pregnant women who abuse alcohol and drugs comes from studies of women living in poverty and using large urban medical services. The Center for Reproductive Law and Policy has identified more than 200 cases of women who have been arrested and prosecuted for "fetal child abuse." The common factor among this diverse group of women is that most have long histories of abuse and discrimination, and have had little or no treatment available to them.

The typical responses to maternal substance abuse—jail or treatment for the mother and foster care for the baby—can increase the risk factors for mother and child. Separating mother and child may hinder the development of strong, positive family bonds between them. Studies by the Child Development Center at Georgetown University suggest that a more effective alternative is to keep mother and child together while teaching the mother effective parenting skills and helping her deal with her issues related to family violence and substance abuse. This model is already in use in drug treatment facilities designed for the treatment of women, in shelters for battered women, and in home assistance programs in which trained workers live with or frequently visit these mothers.

Understanding Protective Factors

Some people who are exposed to risk factors for family violence seem to have a resilience that protects them from becoming violent or that makes them less vulnerable to the effects of violence. A number of studies,

most from the literature on child abuse, suggest that this resilience comes from a pattern of mitigating factors that reduce or counter the negative effects of abuse. The factors identified so far that contribute to resilience include:

- Psychological "hardiness"
- Exposure to a greater number of positive behaviors than negative behaviors
- Development of self-esteem and self-efficacy
- Family interaction with others in the extended family and community
- Supportive relationships, including ones with teachers and friends
- Members of the family engage in mutual and independent activities

Individual characteristics that may contribute to resiliency and decrease the effects of family violence have also been identified. These characteristics include:

- A sense of hope about the future
- Belief in oneself
- Strong social skills
- Good peer relationships
- The opportunity to help another (altruism)
- Extended kinship bonds, especially noted in various multiethnic cultures
- A close, trusting bond with a nurturing adult outside the family
- High maternal empathy and support
- Personal empathy and respect for others
- Finding refuge and a sense of self-esteem in hobbies and creative pursuits, useful work, and assigned chores
- High internal locus of control (the sense that one is in control of one's life and can cope with whatever happens)

- Access to good health, educational, and social welfare services

More research on risk and resiliency factors is a vital part of society's efforts to reduce family violence and its consequences.

No one really knows, for example, how common the identified risk and resiliency factors related to family violence are in the general population. Long-term studies are needed to understand why one person turns to violent behavior, whereas another person in the same family or in similar circumstances in another family does not. Although sociocultural factors identified with different ethnic and minority cultures have been repeatedly studied as stressors, few researchers have examined the cultures for the resiliency factors they may foster.

Chapter 3: Key Points

- Research is needed to determine why one person turns to violent behavior while another person in same the family does not.
- The available research on why family violence and abuse occur suggests the existence of a constellation of *risk* and *resiliency factors* that influence the complex phenomena of family violence.
- Risk factors are identified through observations, made through research studies, of circumstances that often are associated with the occurrence of family violence. They include specific sociocultural and individual influences and factors such as alcohol and other drug abuse and a history of previous violence.
- Some people who are exposed to risk factors are resilient. They demonstrate a special hardiness, or resistance, and do not become violent, or they appear to be less vulnerable to the effects of violence.
- Exactly how common risk and resiliency factors are and how they develop is not yet known. □

The Effects of Family Violence on Society

- ▶ **Family violence is never a private matter. In addition to having negative effects on family members who are victims, perpetrators, or observers, violence in the family often has markedly negative effects on society as a whole.**
- ▶ **A substantial body of research suggests that experiencing or observing violence in the home may be the start of lifelong patterns of using violence to exert social control over others and to handle interpersonal conflict. Violence in the home, although it first occurs in a private setting, has effects that extend far beyond the family to others and to the larger society.**

Understanding the Linkages: Violence in the Family of Origin and Later Violent Behavior

Violence tends to beget more violence.

Psychological theories and scientific and clinical studies of violence bear out the truth of this simple adage; at the same time, interpersonal violence is a complex behavior with many influences and contributing factors. No one can look at someone's past behavior and predict with certainty whether that individual will commit violent acts; however, experts may be able to estimate a person's potential for violent behavior by looking at the larger picture, including the person's prior violent behavior, risk factors for involvement in violence, and any mitigating or protective factors.

We must always be cautious when making inferences about the potential behavior of individuals, remembering that risk factors are not causes or predictors of violence. Although it is common knowledge, for example, that many violent adult men were exposed to violence in their childhood homes, we cannot reli-

ably predict that a specific man who was exposed to or experienced abuse as a child will behave violently as an adult, even though he may be at higher risk than men who were not exposed to violence. Little research has been conducted on the characteristics of men who were exposed to violence in their homes but who did not become violent as adults.

As the level of violence in the family of origin increases, the likelihood that a child will grow up to engage in abusive or violent behaviors also increases. Although children affected by violence do not necessarily grow up to repeat the type of abuse they experienced, studies document a strong connection between victimization in childhood and later involvement in some form of interpersonal violence, including family violence. In particular, children who experience multiple acts of violence, or violence of more than one variety, appear to be at greater risk of continuing the cycle of violence: They may grow up not only to abuse their children, but also to seek retribution on their aging parents.

► Understanding Family Violence and Its Impact

Children who suffer neglect as well as physical abuse and who have no emotional support system outside the home are more likely to engage in violent behavior as adults. Other examples of the relationship between violence in the family of origin and later involvement with violence that have been pointed up in epidemiological surveys include the following:

- Boys who observe their fathers abusing their mothers seem to be at extreme risk of using violence in their own homes as adults.
- The probability of marital violence increases when a partner has experienced physical abuse and observed violence between his or her parents.
- Some known child molesters have experienced both sexual abuse and emotional abuse, although others with similar histories are known to have such sexual interests in children and not to act on them.

► It is important to underscore that no inevitable link has been found between having suffered abuse as a child and perpetrating abuse as an adult. Many violent offenders, for example, report no history of child abuse, and many abused children do not go on to commit abusive or violent acts as adults, especially if they have received therapy or other interventions or have benefited from supportive connections outside the home.

Research findings suggest that the quality of family life, rather than the family structure *per se*, is more consistently associated with later involvement in violence. Many people blame divorce or other family problems for the high levels of family violence and abuse, but other negative factors in family functioning have been more consistently associated with children's later involvement in violence than has any form of family structure, such as a single-parent home or unmarried parents who live separately. The negative factors most closely associated with later violence include parental neglect, harsh and excessive physical punishment, impairment of dependent elders, stress of caring for older people, marital conflict, criminal activity, alcoholism, lack of empathy, and paternal aggressiveness.

Understanding the Linkages: Family Violence and Other Social Problems

Family violence creates a breeding ground for social problems other than violence. The following outcomes are generally associated with being victimized in any way within the family:

- Repeated abuse may cause physical damage, putting children and adults at risk for developmental and neuropsychological problems. The consequences of repeated abuse may be:
 - Minimal brain dysfunctions, which often cause learning disabilities and lead to cascading failures that increase the risk of interpersonal violence
 - "Boxer's" and "shaken baby" syndromes, which cause a slow degeneration of the nerves and other neuropsychological deficits

- General developmental delays
- Failure to thrive caused by neglect

Recently, neurobiology researchers have also suggested that trauma may cause changes in neurotransmitters that alter brain and central nervous system development, possibly influencing an individual's propensity toward (or vulnerability to) violence as well as other responses to stressors in the environment. For example, development and regulation of emotions may be altered by biochemical and structural changes in parts of the brain influencing emotion. Scientists have found that damage to the limbic system in the mid-brain may result in lack of empathy and other misconceptions in reading the emotional cues of others.

■ **Victims of family violence often have increased physical health problems, beyond the obvious immediate injuries and long-term physical damage.** Researchers in the growing field of psychoneuroimmunology suggest that many of these health problems are associated with higher levels of stress and its effects on the immune system. For example, researchers have shown that for up to five years after a physical or sexual assault, female victims of violence visit physicians two and one-half times more frequently than nonvictims, and the problems reported may seem unrelated to the original assault. In addition, many psychophysiological illnesses are associated with family violence, including headaches, back pain, gynecological problems related to sexual abuse, and gastrointestinal problems. Victims of family violence also are at increased risk for HIV infection.

■ **Abused and maltreated children are at risk for increased problems in school.** Many of these children perform significantly below their peers academically and may also have

significantly more conduct problems at school. Paradoxically, others may be model students because school is a safe place away from the abusive home environment. The effects of abuse vary by gender, grade level, and other social influences, as well as by the child's stage of development.

■ **Victims of family violence are at increased risk for poor or impaired job performance, whether they work inside or outside the home.** The effects of the abuse include poor concentration, erratic work habits, difficult interpersonal relationships, and absenteeism.

■ **Family violence and abuse produce traumatic stress and can lead to posttraumatic aftereffects lasting many years beyond the original incidents.** Many symptoms of PTSD are found in child, adult, and elderly victims of physical, sexual, and emotional abuse. Even those victims of family violence who do not meet the criteria for a diagnosis of PTSD may develop emotional reactions and symptoms that limit their potential fulfillment and enjoyment of life. Among these emotional reactions are depression, anxiety, and low self-esteem. Young children may exhibit their distress by withdrawing, regressing, or exhibiting self-destructive behaviors.

■ **Families and individuals with a history of violence have more contact with the legal system than do individuals and families without a history of family violence.** Families may become involved with:

- The *juvenile courts*, because of reports of possible child maltreatment or because of adolescents who need supervision
- The *family courts*, for actions arising from divorce or dissolution of marriage

► Understanding Family Violence and Its Impact

- The *civil courts*, for claims of personal injuries
- The *criminal courts*, for assaults or other crimes
- The new *domestic violence courts* for civil and criminal restraining orders, to adjudicate assault charges, and often to supervise court-ordered treatment groups

For many, family violence brings about their first involvement with the police or other components of the criminal justice system.

■ **Experiencing incest or sexual abuse as a child increases a person's lifetime risk for psychological disorders.** Large numbers of clients who seek psychotherapy for a variety of psychological problems report abuse in their childhood or in their adult lives.

■ **Victims of incest, child physical abuse, or battering show rates of suicide and attempted suicide higher than those for the general population.** The risk increases with repeated victimizations. Other forms of self-harm include self-mutilation, excessive risk-taking, and involvement in other violent relationships.

■ **Children who experience severe physical or sexual abuse are estimated to have a higher lifetime risk of substance abuse problems compared to the general population.**

Research findings indicate that alcohol and drug abuse may be a means of self-medicating to cope with intense feelings and other symptoms caused by the abuse. The symptoms of abuse may include low self-esteem, flashbacks, hypervigilance and arousal, and feelings of being different because of experiences of severe abuse. These substance abuse problems may sometimes occur as a delayed reaction many years after the abuse occurred.

■ **Results of self-report surveys suggest that a large percentage of incarcerated criminals, both men and women, experienced or were exposed to violence in the home as children and adults.** Even more striking are the life histories of those who commit multiple homicides and sexually motivated violent crimes. Although many were accurately identified in childhood or adolescence by child protection services as abused, they received little or no intervention or may even have continued to be abused in foster families or institutions after being removed from their homes.

Understanding the Economic Costs of Family Violence

Family violence exacts a significant economic toll on the United States. Family violence significantly increases U.S. health care costs, including the costs of mental health care. It also increases the costs for police and for the criminal justice and corrections systems.

In the workplace, the economic cost of family violence includes reduced productivity and increased absenteeism. It also includes the costs associated with protecting against violent acts that could occur in the workplace and are the result of family violence. Recent statistical estimates suggest that family violence costs the nation thousands of lost work days and millions of dollars in excess health care costs each year.

Family violence may significantly affect the economic well-being of the family. Family violence often leads to breakup of the family, resulting in greater economic insecurity and sometimes downward mobility and poverty, particularly for women who become single heads of households. According to data

collected by the National Commission on Children, one year after divorce, women's incomes average only 67% of their predivorce incomes, compared to 90% for men.

Although women and children who are victimized by family violence have high rates of injury requiring medical care, they may be less able to afford or obtain treatment. More women are treated for injuries caused by their intimate partners than for accidents and other causes. According to a 1994 U.S. Department of Justice report on violence against women, among women who were victimized, injuries were more frequent when the offender was an intimate partner or relative (59%) than when the offender was a stranger (27%); medical care was needed more often when the offender was an intimate partner or relative (27%) than when the offender was a stranger (14%). Unfortunately, one consequence for women whose medical records document injuries caused by domestic violence is that they may be denied life or health insurance, because insurers consider them to be at high risk of injury and homicide.

Identifying the Social Influences Associated with Family Violence

Society ultimately pays the highest cost when its individuals live in an atmosphere of violence. Violence and the fear of violence eventually erode love and the spirit of trust, cooperation, and optimism that are essential to cohesive families and communities. Without such cohesiveness, families and communities lack the foundations on which to work toward solutions to social problems.

Family violence may destroy relationships among family members. The misuse of

power and the desire for control in family relationships often makes normal relations difficult. Polarization occurs between family members: Some identify with the aggressor, whereas others identify with the victim. This polarization is particularly difficult when children of divorcing parents are unable to continue a relationship with both parents or even with their siblings. Furthermore, if a battering father continues to stalk and harass his former partner, the bond between the mother, her children, and nonabusing family members may grow stronger, whereas the father is further alienated from the family unit. In some instances, older children who are exposed to this violence may identify with the power of the aggressor and turn against the victimized parent.

The presence of guns in the home raises the risk of homicide in the home significantly. According to data from the Bureau of Justice Statistics, cited by the National Research Council in its 1992 report, *Understanding and Preventing Violence*, approximately 50% of American households own some type of gun, and one in four households owns a handgun. Although many people believe that having a gun at home is good protection, the evidence is clear that it also creates significant risks. Findings published recently show that, with a gun in the home, an individual is:

- Eight times more likely to be killed by or to kill a family member or intimate acquaintance
- Three times more likely to be killed by or to kill someone in the home
- Five times more likely to commit suicide or to have a family member commit suicide

► Understanding Family Violence and Its Impact

Other findings from these same studies showed that if someone gets involved in a fight with a family member or an intimate acquaintance, and one of the two has a gun, the risk is 12 times greater that one of the two will be killed, and 3 times greater than if the weapon involved were a knife instead of a gun.

The interaction between exposure to community violence and to family violence is particularly damaging for children. The younger they are, the more extensive the impact. Especially in inner cities, young children frequently witness shootings, stabbings, and other serious assaults. Many of the children become fearful and develop symptoms of PTSD.

Viewing violence in the media significantly changes attitudes and behaviors toward violence. According to the report of the APA's Commission on Violence and Youth, even those who do not increase their violent behaviors are affected by chronic exposure to violence in the media:

- Viewing violence increases people's fear of becoming victims of violence, in turn increasing the likelihood that they will adopt self-protective behaviors and mistrust others.
- Viewing violence desensitizes people to violence, which causes them to have calloused attitudes toward violence directed at others and decreases the likelihood of their taking action on behalf of a victim when violence occurs.
- Viewing violence increases some viewers' appetites for becoming involved with violence or for exposing themselves to violence.

Identifying the Impact on Those Who Work with Victims

Professionals who work in the field of family violence may experience what is known as secondary traumatization, as a result of listening to victims' stories of violence. These recitations inevitably elicit strong feelings from any listener, but emotional reactions that overwhelm the professional can influence her or his capacity to understand the client's problem and to provide effective services. Even professionals trained to respond to trauma sometimes experience vicarious and secondary traumatization from repeated exposure to the effects of family violence through their clients. The necessity of dealing with their own intense emotions has not always been recognized as part of therapists' professional experience, especially if they have been trained to remain neutral. Consequently, they feel uncomfortable and concerned by their natural reactions to the stories. On the one hand, they may tune out the effects of violence just as victims do, minimizing the seriousness of the event and signaling the limits of emotional tolerance. On the other hand, they may become overinvolved and try to rescue the victim. These kinds of reactions may hamper a professional's ability to provide effective and appropriate service.

The growing number of personal threats and unfounded official grievances, ethics complaints, and lawsuits by clients and their families against therapists who work with victims of family violence is having a chilling effect on the practice of psychotherapy. Psychotherapists working in the field of family violence experience special problems because they are legally mandated to report

child abuse, and, in some jurisdictions, they are required also to report spouse or elder abuse. When protective authorities begin to investigate an individual case, the reporting therapist may face angry retaliation from the family. When practitioners work with adults who were abused as children, the situation is even more complicated because some of the client's reports may be in the highly controversial form of recovered memories.

Some clients, harmed by their abuse and angry with a therapist for not being able to help them feel better, file grievances or lawsuits for real or perceived injustices.

Consequently, many therapists are practicing "lawsuit therapy," carefully screening their actions and words to minimize the risk of being sued, and potentially compromising the quality of care to their clients. Some other therapists simply refuse to deal with family violence cases, referring the clients to other practitioners. APA is investigating ways to deal with this trend.

Chapter 4: Key Points

- When families are torn by violence and abuse, the effects do not remain within the home but ripple outward to affect all of society.
- Violence in the home may create a learning ground for later violence in other social settings and in other interpersonal relationships.
- For the victim and the family, violence and abuse may lead to destructive long-term psychological and physical consequences.

- From an economic perspective, family violence and abuse result in significant costs to society and economic disruption to the families and individuals involved.

- The social costs of family violence are high also, including the erosion of the fundamental emotional and psychological bonds on which families and communities are built.

- The presence of guns in the home increases the risk of a homicide occurring.

- Viewing violence on TV significantly affects attitudes and behaviors about violence.

- The practice of psychotherapy is being adversely affected by the proliferation of personal threats, complaints, and lawsuits against therapists by clients and their families. Many therapists are carefully screening their words and actions to minimize the risks. Others refuse to work with clients who are or have been in violent family relationships. □

PART II

WHO ARE THE VICTIMS OF FAMILY VIOLENCE?

In this section of the report, we describe the adult and child victims of family violence. Although family violence is a complex phenomenon that has widespread societal impact, in this section we focus specifically on what psychology has to say about the people who are the direct victims of violence and abuse. It is important to note that patterns of revictimization are common. That is, a victim of one person may be victimized by others or may become a perpetrator.

Although the discussions of child and adult victims are presented in separate chapters, the fates of child and adult victims are often linked within the family. Multiple forms of violence are commonly found within the same family; even more commonly, victims experience multiple forms of abuse. Nevertheless, it is important to study child and adult victims separately, because they differ in their experience of the violence and its consequences, and because the interventions appropriate to each differ.

■ **Chapter 5, "Adult Victims."** We summarize the types of violence and abuse perpetrated against adults, outline the psychodynamics of relationships in which such abuse is perpetrated, and

describe the effects of such abuse on its victims. The types of abuse discussed include dating violence; violence between intimate partners, including abuse after separation; and elder abuse. Also included are adult survivors of childhood sexual abuse, who may experience long-term effects related to their childhood experiences.

■ **Chapter 6, "Child Victims."** We define child maltreatment as child physical abuse, child sexual abuse, organized sadistic abuse, and child psychological maltreatment (which includes both emotional abuse and neglect). A central thesis of the chapter is that the traditional notion of children as property, along with its legal ramifications, frequently puts children in danger. As a result, some of society's responses to child abuse actually place children in jeopardy of further harm.

Chapter 5

Adult Victims

► **Violence can occur at any stage in intimate relationships between adults.** Often, violence occurs on a continuum, beginning when a couple is dating and continuing through partnership, childrearing, and aging. Violence may also begin or recur within specific contexts at various stages of the relationship.

Putting the Plight of Adult Victims in Perspective

Violence against adult family members occurs within four general contexts: during dating, within partner relationships, after separation, and against elders. Whether the violence occurs only at one specific stage of a relationship or is present throughout the life of the relationship, one or more of the following characteristics common to family violence will exist:

- Issues of power and control
- History of physical or sexual abuse, threats of abuse, or witnessing abuse
- Perception that abuse is likely to occur again or fear that threats will be carried out

The absence of bruises and broken bones does not always adequately reflect the severity of violence. Acts of violence that do not cause visible physical injury may cause considerable emotional pain and psychological terror, but the importance of such acts of violence are often minimized. Those who only note the extent of the physical injuries and catalog the types of violent assaults fail to consider the psychological context of the relationship.

Many women report that violence begins or intensifies during pregnancy and the first few months after the birth of a baby. Because pregnancy brings women into frequent contact with the healthcare system, the apparently greater risk that is associated with those particularly vulnerable times in a woman's life may actually be the result of the increased opportunity for health providers to observe the symptoms, and for women to report their experiences of violence and abuse. Although most experts believe the batterer's need for power and control over the woman is threatened by the anticipated and actual arrival of the infant, some suggest that the increased risk can be attributed to the relative youth of partners during their childrearing years.

Understanding Dating Violence

Dating violence is verbal, physical, psychological, or sexual abuse that occurs before partners marry or begin living together.

Violence does not have to occur within a stable dating relationship to qualify as dating violence. It can occur within the context of a single date or over a long period of courtship. Although a dating relationship technically is not a family relationship, violence that occurs in dating relationships closely parallels other forms of violence in the family, and it may occur simultaneously or consecutively with other forms of abuse.

Girls who have been exposed to or who experienced violence in their families of origin appear to be at greater risk for violence in their own relationships during high school dating.

Dating violence is not a new phenomenon: Many years of anecdotal evidence supports its existence. Nonetheless, dating violence did not begin to receive serious scientific attention until the 1980s. Although date rape has received most of the media and other attention, dating violence actually includes the full gamut of aggressive behaviors, from pushing and slapping to stalking and murder.

Dating violence is more common than many people think. The few studies available generally indicate that rates of dating violence are at least as high as rates of violence among married couples, although these data are based largely on convenience samples of high-school and college-age youth, not on representative community samples. Few data are available on dating violence among ethnic minorities and lesbian, gay, and bisexual couples. Some researchers do suggest that a higher percentage of developmentally disabled teens may be victims of dating violence, although no comparisons have been made for the generally high rate of violence in the general teenage population.

Currently, there is no consensus on individual factors that make it possible to predict who will be abusers or victims in dating relationships. The small number of studies available suggest that more aggressive men

and women are more likely to be violent in dating relationships, and that people who witnessed or experienced family violence are more likely to be involved in dating violence.

Violence that begins when a couple is dating is likely to continue and to escalate when the couple lives together or marries, unless there are interventions. Empirical and clinical studies indicate that power and control dynamics in dating relationships are similar to those in relationships between married or unmarried partners. Typically, violence begins at the point of intimacy and commitment. The abuser will often use psychological strategies such as jealousy, isolation, possessiveness, and attempts at mind control in addition to physical and sexual abuse. Victims feel powerless to stop their partners' violent behavior, although at the same time they may minimize the impact and harm. They also may acquiesce to the abuser's demands in order to fend off abuse for a period of time.

Understanding Violence Between Intimate Partners

Violence between intimate partners, frequently called **battering**, is characterized by a pattern of physical, sexual, or psychological abuse. In these relationships, the abuser exerts power and control, disregarding the partner's rights, needs, or wishes. Most commonly, men are the perpetrators of violence between partners. Women perpetrate violence against a partner infrequently. Battering also occurs in some same-sex relationships.

Most of what we know about partner violence comes from studies of male partners battering their female partners. Although gender-neutral terms, such as *partner abuse* or

spouse abuse, are often used, little research is available about same-sex partners or about women battering their male partners. The limited number of studies suggest that there are differences as well as similarities in the experiences of violence among these groups. To assume that the dynamics of one group apply to others can be misleading.

Understanding What Happens When a Woman Is Battered

Battering relationships commonly include three phases: building tension, the acute battering incident, and contrition. Battering relationships typically start with a courtship period, when attention and affection give no warning of the impending violence. Then, the first phase begins when tension escalates, usually after sexual intimacy or after a commitment that implies a greater level of intimacy. A violent explosion usually follows, which is the second phase. What many people do not realize is that in the third phase the abuser may be contrite and loving. For some women, this calm period is little more than a respite from abuse; for others, it is a highly romantic time. This "honeymoon period," as it is often called, reinforces the woman's belief that her partner is capable of keeping promises to change, because she remembers the earlier courtship behavior.

The three-phase pattern is common, but a battering relationship can have its own identifiable pattern or no discernable pattern. In some cases, the pattern may diminish as the violence increases. The violence may start with verbal abuse and aggression, or may begin with extreme, life-threatening violence early in the relationship.

The pattern of violence is usually defined by discrete physically violent acts as well as by subtle and overt behaviors designed to gain and maintain control over the woman. The attempts to control the woman through these subtle behaviors may occur without episodes of physical and sexual abuse. For example, a batterer may make a number of telephone calls expressing affection and encouragement to a woman several times during the day when something important is about to happen in her life. That attention may feel good to her until she realizes that the purpose of his calls is to monitor her behavior. A typical scenario might be that his calls increase along with his demands that she set aside everything else to respond immediately.

Isolating a woman from family and friends is part of the pattern of violence. Even if only one or two acts of serious violence have occurred, a man can maintain control over a woman through ongoing isolation, threats or implied threats of abuse, fear, intimidation, and emotional abuse. To accomplish his purposes and to justify his behavior, a man may be critical of his partner's family and friends, sometimes using information that she, herself, told him: She may have aired her frustrations about particular family members without realizing he would use the information in unexpected ways to isolate her from her family. His use of this tactic may confuse her, cause her to doubt her relationship with

► Who Are the Victims of Family Violence?

her family, and make her believe she cannot turn to them for help. The woman's confusion may grow as family members, becoming concerned about how she is being treated, express dislike of her partner's behavior. The power struggle between the family and the male partner contributes to his increased need to monitor, control, and restrict the woman's visits and telephone calls. The wedge between the woman and her family and friends isolates her even more and makes her less likely to call on them for help.

The most common pattern in domestic violence is escalation in frequency and severity over time. In some cases the violence may stop, especially if others become aware of what is occurring. In other cases, violence may resume after a period during which no violence occurs. Sometimes, one or more episodes of severe violence early in a relationship instill enough fear of future violence in a woman to keep her under psychological control, whether or not subsequent acts of physical violence occur.

Who are the Victims?

- Battered women come from every demographic group.
- There is no single psychological profile of a battered woman.
- The only consistent risk factor identified so far is being exposed to violence between parents.

Psychologists have studied the personality patterns of samples of battered women from a variety of ►

► clinical, forensic, and shelter settings as well as from general research populations in which battered women are likely to be found. The methods of research include specially designed interview techniques, assessment instruments, and standardized tests.

Acknowledging the Psychological Effects of Battering

Abused women may exhibit a host of measurable psychological effects that vary in severity and type. According to psychologists, the effects of abuse include emotional, behavioral, and cognitive elements. Clinical labels frequently used to describe subsets of these psychological responses include PTSD and acute stress reaction. Other diagnostic categories include depression and affective disorders and dissociative and anxiety disorders. Whether or not a battered woman's psychological injuries meet the criteria for clinical diagnosis, most victims experience some symptoms that cause them great distress.

A term often used in discussions of battering is *battered woman syndrome*. In psychology, the term has been used to refer to the collection of psychological effects of battering. In the legal system, battered woman syndrome usually includes the dynamics of the battering relationship as well as the psychological symptoms observed. Although the gender-neutral term *battered spouse syndrome* is sometimes used, it is inaccurate, because the research has been conducted only on battered women, not battered men.

Typical psychological effects of battering:

- Fear and terror
- Low self-esteem
- Difficulty concentrating
- Difficulty with trust and intimacy
- Sexual difficulties
- Anxiety
- Problems with memory
- Cognitive confusion
- Depression
- Anger and irritability
- Shame and embarrassment
- Health concerns
- Nightmares
- Increased startle response and physiological arousal
- Numbing and avoidance

In addition to psychological effects, battered women often experience physical injuries and have medical needs, which are the direct consequence of violence against her.

- Nosebleeds
- Bruises
- Unconsciousness, concussions, and head injuries
- Black eyes and facial injuries
- Scratches on the body
- Muscle sprains and torn ligaments
- Burns
- Chronic neck, back, and head pain
- Broken or lost teeth
- Permanent physical disability
- Suicide attempts
- Knife wounds
- Death from homicide, suicide, or stress-related illnesses
- Sexually transmitted diseases and infections
- Bleeding, lacerations, and cuts
- Swelling
- Injuries to extremities
- Injuries to the trunk area
- Broken bones including jaw, nose, ribs, arms, legs, fingers, and toes
- Spinal injury
- Injuries requiring surgery
- Hair loss
- Chronic temporomandibular joint (TMJ) disorder
- Internal bleeding
- Neurological damage ("punch drunk boxer syndrome")
- Gunshot wounds
- Miscarriage
- Vaginal or perineal tears
- Breast mutilation
- Injuries to the sex organs

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► Who Are the Victims of Family Violence?

The idea of the passive battered woman is an untrue stereotype: In general, battered women attempt to avoid, escape, or resist their batterers in some way. Some of their strategies to resist and avoid are direct; others are indirect. A woman's individual circumstances and many other factors determine the strategies she will use and the extent to which she will go to avoid, escape, or resist the abuse.

Examples of strategies women use to avoid, escape, or resist batterers.

- Calling the police
- Calling shelters
- Leaving the home or scene
- Complying with the batterer's demands (apparently or superficially)
- Talking to friends
- Hiding
- Avoiding the batterer
- Seeking professional help
- "Being nice" and not upsetting the batterer
- Keeping information from the batterer
- Avoiding conflict and keeping the peace
- "Walking on eggshells"
- Separating from or divorcing the batterer
- Fighting back with physical force
- Obtaining a gun or other weapon

An abused woman is considered a battered woman even if she uses physical force against her partner in self-defense. Many women do defend themselves, some using enough physical force to inflict injuries on their partners. Some women may use guns, knives, and other weapons. Battered women may physically strike out in resistance to the batterer's control, may hit back to defend themselves or their children, and may use force in anticipation of harm.

A small number of women use violence in mutual combat and other situations that are not considered self-defense. Higher statistics on such violence are taken from arrest records; there are many reasons, however, why these statistics may not be wholly reliable. Such statistics may be misleading and inflated, because many such arrests are resolved quickly without charges being filed against the woman. According to most estimates, about 5% to 10% of women actually use nondefensive violence against a male partner. Other studies have cited statistics that include estimates of women's psychological maltreatment of children. These statistics also inflate the percentage of women estimated to use extreme violence.

A small number of women are known to use violence for purposes other than self-defense and protection. They are aggressive in many different situations, have a sense of entitlement, and have less empathy for others. More empirical research is needed to supplement clinical observations in these situations.

A battered woman faces many obstacles in her attempts to avoid, escape, or resist the violence. These obstacles include not only the batterer's behavior, but also the woman's family and friends, the community services expected to help her, and her own vulnerability from the psychological effects of battering. Ironically, people and services such as

police, clergy, and health and mental health professionals, who are expected to help women, sometimes impede their ability to escape. A family's lower socioeconomic status, alcohol or drug problems, or homelessness may make it even more difficult for a woman to seek and receive effective assistance.

Women in urban environments are often denied access to services because shelters are full and waiting lists are long. Many women with disabilities cannot be accommodated. Women from rural areas often do not have shelters or domestic violence programs in their communities. Immigrants, lesbians, and women of color face unique risks when they seek help for domestic violence. The 1994 Violence Against Women Act passed by the U.S. Congress should address some of these inequities for women, but its impact has not yet been felt by women or those who provide them psychological services.

Understanding Male Abusers

Who are the Male Abusers?

There is no single profile of the male abuser. Like the women they abuse, batterers come from every demographic group. Some batterers appear to be normal men who have been oversocialized in the traditional male sex role, confusing violence with masculinity. Others were victimized themselves as children, learning to be abusers by exposure to or experiencing family violence. Another major group of male batterers appears to have a range of serious mental health problems in addition to their violent behavior. Others, approximately 10% to 20% of those arrested, are men who are antisocial and usually commit other crimes.

Some researchers have found differences between those men who use violence in a variety of relationships and those who are abusive only within their families. Little is known, however, about the difference between men who batter their partners and their children compared to those who batter only their partners or only their children.

Boys who are exposed to or experience violence in their homes as children are at major risk for becoming batterers. In one major epidemiological study, researchers found that boys who were exposed to fathers (or father-figures) who battered the boys' mothers were at extreme risk for using violence later in their own relationships. The risk rises when these same boys were also abused themselves. Other researchers have also shown that children who were the victims of physical violence are much more likely to use violence in their own relationships. However, there are no data to indicate how many men who are exposed to or experience such violence *do not* engage in violence in their intimate relationships.

Little information is available on partner violence between gay men, but the few available studies indicate that in long-term relationships in which violence occurs, the violence is similar to that which occurs between heterosexual partners: One partner is most often violent toward the other. That phenomenon may not be the same in short-term gay male relationships, which appear to have more mutual violence than occurs in longer-term relationships. More research is needed on the subject of violence in relationships between gay men.

Studies of batterers, unlike studies of victims, indicate that male batterers do have certain characteristics in common. Research scientists have focused on examining characteristics of abusers, often using psychological

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tests, to determine whether there are any pre-existing personality patterns that lead a man to batter a woman. Although there is no single profile of the male batterer, such men tend to have high degrees of suspiciousness and jealousy, depression, dependency, dysfunctional thinking, and poor social skills. Some of these men may try to compensate for their problems by abusing their power to gain control over their partners. Recent research conducted with a sample of batterers who were court-ordered into treatment suggests that some of these men may have deficits in their personality organizations. Many of the psychological tests and measures used in these studies have been normed on a White, middle-class population, a population that is not typical of the batterers in the research.

Understanding the Role of Alcohol and Drugs

Alcohol use, especially binge and chronic drinking, is strongly associated with battering. The precise role of alcohol in violent episodes is not well understood. It is clear that drinking does not always lead to violence and that many episodes of violence occur without alcohol. However, some researchers suggest that alcohol increases aggressive tendencies; others suggest that it lowers inhibitions against violent behavior. Alcohol interacts with endocrinological, neurobiological, and genetic factors to influence an individual's behavior. In addition, the social and cultural settings in which alcohol is used, as well as the expectation of its effects, play important roles.

Both victims and perpetrators may use alcohol and drugs to self-medicate. Alcohol and drug use helps people escape emotional pain by numbing their ability to feel. Such substances may then lower inhibitions and become an excuse for abusive behavior. As a

depressant, alcohol interferes with healthy relationships, work, and other activities that require competent judgment.

Men and women use alcohol differently, and the effects of the alcohol are different in men and women. Because of differences in size and rate of metabolism, a woman typically needs less alcohol to achieve the same level of intoxication as a man. Women are also more likely to use alcohol to self-medicate for symptoms of PTSD such as flashbacks, intrusive memories, and anxiety. In one study, researchers found that the existence of abuse in the woman's past was the highest predictor of alcohol and other drug abuse.

Both victims and perpetrators of domestic violence have high levels of alcohol use. In a test of the value of arrest in preventing the repetition of family violence, police found that twice as many batterers (two-fifths) as battered women (one-fifth) were intoxicated at the time of arrest. Others have estimated that the rate of excessive alcohol use is a little more than 50% for male batterers and around 20% for female victims. These numbers rise to around 80% of men when the violence resulted in someone's death. In addition to alcohol, other prescription and street drugs are used by some victims and perpetrators.

Evidence suggests that both victims and perpetrators underreport their use of nonprescription drugs. When accused batterers have been randomly selected for urinalysis, about three-fourths showed evidence of alcohol use, and at least half tested positive for some kind of other drug. However, the drug use did not necessarily take place just before the battering incident. Drugs used by both victims and perpetrators—such as cocaine and its derivatives, crank and crack—as well as amphetamines and the synthetic methamphetamines, are fre-

quently associated with severe abuse that results in more serious injuries.

Understanding Abuse After Separation

When partners separate, the violence does not necessarily end. Many people still believe that the problem of battering can be solved by separation, but the risk of serious or lethal violence may actually increase after separation. The greatest risk for serious injury or death from violence is at the point of separation or at the time when the decision to separate is made. Data from a U.S. Department of Justice National Crime Victimization Survey indicate that among women who were victims of violent assault by an intimate partner, women reported that the offender was an ex-spouse almost half as many times as they reported that the offender was a spouse.

Physical separation may actually increase a man's need to control his partner and children. Women who have experienced the cycle of violence will often compromise their own safety by telling their batterers where they are. They report that they are terrified that their batterers will find them anyway, and their decision to disclose their own whereabouts to the batterer relieves the anxiety of waiting for the batterer inevitably to come and get them. Clues to the batterer's level of tension and likelihood of a new assault are best read by battered women when they are in contact with their partners.

Homicides in which a batterer is known to have killed his partner most frequently occur at the point of separation and up to two years after separation. Most homicide-suicides that occur in the United States are committed by male batterers who kill their partners, sometimes their children, and then themselves. Such murders are quite rare, however, considering the large numbers of women who are battered daily.

There is no way to predict whether a specific batterer is likely to kill his partner. Even though data are available about batterers who actually commit such murders, the batterers' violent behavior alone does not provide enough information for accurate predictions about which batterers will go on to kill their partners. Psychotherapists can use a variety of checklists and other instruments to help determine the level of risk for a lethal incident, but these assessment devices have not been validated by empirical research.

When violence occurs during separation, it typically includes all of the usual types of violence that occurred during the relationship, in addition to new violent behaviors arising from the separation: battles over finances, custody disputes, violence at visitation, threatened or attempted child kidnapping, and stalking. In a survey of California shelters for battered women, shelter personnel reported the following occurrences among their approximately 100,000 residents and hotline callers during a one-year period in order of magnitude:

■ Batterer threatens kidnapping	33,852 (34%)
■ Batterer kidnaps child	10,687 (11%)
■ Kidnaping threats force return	21,121 (21%)
■ Batterer receives custody in spite of sexual abuse	2,262 (2%)
■ Batterer receives custody despite physical abuse	2,997 (3%)
■ Verbal threats during visitation	4,719 (25%)
■ Physical violence during visitation	9,512 (10%)

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Many women who reported that their batterers threatened child kidnaping also reported that the men backed up their threats of kidnaping with episodes of refusing to tell the mother where her child was or keeping the child beyond the specified time without notice.

When batterers are arrested for stalking and harassment, it is not uncommon for them to complain that they only wanted to make the woman listen to them. Most of these men do not understand that they do not have the right to force any woman to be with them.

Understanding Custody Disputes and Violence Related to Visitation

When a couple divorces, the legal system may become a symbolic battleground on which the male batterer continues his abuse. Custody and visitation may keep the battered woman in a relationship with the battering man; on the battleground, the children become the pawns. Studies of custody disputes indicate that fathers who battered the mother are twice as likely to seek sole physical custody of their children than are nonviolent fathers, and they are more likely to dispute custody if there are sons involved. If these men lose custody of their children, they are likely to continue to threaten and harass the mother with legal actions. Battering fathers also are three times as likely to be in arrears in child support and are more likely to engage in protracted legal disputes over all aspects of the divorce.

Prolonged and bitter custody disputes are especially detrimental to children. Children from these high-conflict homes fre-

quently maintain loyalties with only one parent, choosing either to identify with the aggressor or with the victim. When children reject their abusive fathers, it is common for the batterer and others to blame the mother for alienating the children. They often do not understand the legitimate fears of the child. Although there are no data to support the phenomenon called *parental alienation syndrome*, in which mothers are blamed for interfering with their children's attachment to their fathers, the term is still used by some evaluators and courts to discount children's fears in hostile and psychologically abusive situations.

If the mother has physical custody of the children, the father may threaten and attack her when he visits the children. Some researchers have indicated patterns of high conflict occurring during visitation. Even during supervised visitation, in which physical violence is constrained by the presence of an observer, threats as well as verbal and emotional abuse may continue. In such situations, the children often feel responsible for the violence against their mother, because the father was visiting them. A woman's attempts to protect herself may be construed by the court as an attempt to interfere with the father's visitation rights. Faced with such situations, women often describe themselves as having no real choices: If they try to protect their children, their behavior is considered alienating; if they do nothing, their behavior is considered failure to protect their children.

Understanding the Effects of Threats: Harming and Kidnaping the Children

In the breakup of a family relationship, one parent may threaten to harm or kidnap a child in an attempt to reestablish control

over the other parent. This control may be directed toward restoring the relationship, or it may be aimed at generating fear and distress in the other parent. As a family breaks up, a noncustodial parent may increase the amount of time and attention that is directed toward the child, and the child then becomes more meaningful as a symbolic possession. As the battle for the child intensifies, threats to abduct the child become more frequent. Although the threats to abduct are not always carried out, the effect is to generate a climate of fear and anxiety for both the threatened parent and the child. Studies of actual kidnappings show that 55% to 69% of abductors are men.

A batterer may use threats of harming or kidnapping the children to keep a woman from leaving him or to force her to return. Many women report that they return to battering relationships to keep control of the batterer's contact with their children. For example, according to one study, more than one-third of women in shelters for battered women reported that they stayed in the relationship at least partially because they feared for their children's safety, and one-fourth of those women studied reported that they had returned to the violent relationship after threats were made against the children. Frequently, men who have not participated in the care of their children will begin to spend more time with them during their visitations. The children are often frightened of their fathers, remembering previous violence or threats, and they fear that they may be hurt or that they will not be returned to their mothers. The children's fears, in turn, add to the mother's fear that the children will be harmed.

Understanding Stalking Behavior

Although the legal definition of stalking differs from state to state, stalking generally includes three components: a course of conduct in which there is a repeated pattern of following or harassing another person, making a threat to harm or acting in a threatening manner, and the intent to cause harm or distress. In some jurisdictions, a persistent pattern of behavior that causes emotional distress is also covered under stalking laws.

Anti-stalking laws have recently been passed in most states, beginning with the 1990 passage of an anti-stalking law in California. There is substantial variation in how these state laws deal with the stalking problem, however. The state statutes vary in their assessment of when to mark the beginning of stalking behavior, and in the issue of frequency of stalking acts that constitute a pattern of behavior.

A victim of stalking faces a confusing range of legal criteria in order to obtain assistance from law enforcement. Some law enforcement agencies have responded proactively to victims' needs, and the professionalization of the law enforcement response has been led by the Association of Threat Assessment Professionals. Nonetheless, many victims of stalking do not receive uniform protection and response from their local law enforcement agencies. Psychology can contribute to improving this response through the

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study of stalkers, their victims, and the effectiveness of alternate legal remedies to the problem.

Understanding Elder Abuse Within the Family

Elder abuse within the family refers to physical, sexual, or emotional maltreatment. It includes psychological abuse, neglect, or financial and material exploitation of an older person by someone who has a special relationship with the elder. The abuser may be a spouse, sibling, child, grandchild, friend, or caregiver, and the violence occurs in the older person's own home or in the home of a caregiver. Some legal definitions of elder abuse also include self-neglect. The U.S. General Accounting Office estimates that about 80% of the 6 million dependent elders in the United States are cared for at home, including many older people who suffer from severe mental or physical disabilities.

The earliest studies on elder abuse in the United States date back only to the late 1970s. The problem of elder abuse was officially recognized by the federal government in 1987, when an elder abuse prevention program was established under Chapter 3, Title VII, of the Older Americans Act. A federal grant awarded in September 1988 established the National Aging Resource Center on Elder Abuse (NARCEA), now called the National Center on Elder Abuse (NCEA).

Understanding Incidence and Prevalence

Reliable estimates of the incidence and prevalence of elder abuse are difficult to obtain. Relatively few prevalence studies have been conducted, with estimates of prevalence varying widely, depending on the definitions used and the methods of study.

Highlights of a 1994 study of case reports to protective agencies by the NCEA are summarized below as follows:

- In 1986, there were about 117,000 reports of domestic elder abuse. That figure rose to 241,000 reports in 1994, an increase of 106%.
- Neglect is the most common form of elder maltreatment in domestic settings. Of the substantiated reports of elder abuse for which perpetrators were identified in 1994, 58.5% involved neglect. Physical abuse accounted for 15.7% in the same year, and financial or material exploitation accounted for 12.3%.
- In 1994, 65.4% of the victims were White; 21.4% were African American; 9.6% were Hispanic. Less than 1% were Native American and Asian American/Pacific Islander.
- Adult children are the most frequent abusers of the elderly; in 1994, 35% of substantiated reports to state agencies involved adult children.
- In 1994, 52.4% of abusers were women and 62.1% of the victims were women. When all forms of abuse, including neglect, are taken into account, most abusers are women; however, men are the most frequent perpetrators of physical abuse against the elderly.
- The median age of elder abuse victims was 76.4 years, when self-neglect was excluded from the data. The median age of self-neglecting elders was 76.9 years.

Community surveys show a pattern of elder victimization that differs from officially reported statistics on violence against older people. Responses to a large, random-sample community survey suggested that the largest proportion of elder abuse was perpetrated by spouses. Among elders who reported having been victimized by a spouse, the proportion of male and female victims was roughly equal, but the overall risk for abuse was higher for elderly men than it was for elderly women. However, women victims suffered more physical and psychological consequences of violence than did men who were abused. Because chiefly the more serious abuse is likely to be reported to protective authorities, this may account for the preponderance of female victims in official statistics on elder abuse.

Despite the existence of laws in all 50 states permitting or mandating reporting of suspected cases of elder abuse, experts agree that the problem is considerably underreported. Some estimate that only 1 in 14 cases of elder abuse are reported to authorities. One reason for underreporting is the public's lack of awareness and education about elder abuse. In addition, underreporting of partner abuse at earlier ages can be expected to continue among the elderly population. Older generations grew up in an era when spouse abuse was silently tolerated; consequently, some elderly victims may be vulnerable to spouse abuse because they believe it is inevitable.

Understanding the Characteristics of the Perpetrators of Elder Abuse

Women are most often the caregivers for elderly people, therefore, they show up in statistics as the majority of perpetrators.

When data on neglect (the most common type of abuse) are removed, however, men are more often the perpetrators of physical abuse. Because statistics come from state reporting systems that are more likely to pick up neglect, especially neglect of dependent adults, the true magnitude of spouse abuse among the elderly is not revealed in these statistics.

Elders are most likely to be abused by someone with whom they live. Elderly men are more likely than elderly women to live with someone else. Because women tend to outlive men, among married elders, more men are living with their wives, whereas widows tend to live alone or in other arrangements.

People who abuse elders commonly have a history of personal problems or pathology, and they may also be financially or emotionally dependent on the older person. When someone other than a spouse physically abuses an elder in their household, the abuser tends to be a dependent adult child, usually a son, unmarried or divorced, with personal problems such as substance abuse, mental illness, emotional disorders, or financial and job difficulties. It is not uncommon for these abusers to have been exposed to other forms of family violence when they were younger.

Men who abuse their elderly partners tend to be from two major groups: those who continue to abuse their wives throughout the life cycle and those who begin abuse when they are older, usually because of emotional disorders or organic brain deterioration. The role of medication for various physical ailments affecting older people is not known, although the rate of under- and over-medication for such ailments is high enough to paral-

► Who Are the Victims of Family Violence?

lel some of the abuse of nonprescription drugs in younger abusers.

White families appear to have the highest reported rates of elder abuse, but research is so limited that definitive statements cannot be made comparing elder abuse rates among various racial or ethnic groups. The status of elders, and traditional expectations for how they are to be treated and cared for, vary from one culture to another. In general, because of societal and economic values, Americans tend to devalue older people who no longer produce in the marketplace, but some family and cultural traditions place high value on respect for elders. There is little research, however, that sheds light on cultural factors that influence elder abuse, the protection or vulnerability of older family members in a household, or the likelihood of a person becoming a perpetrator of elder abuse.

Understanding Why Elder Abuse Occurs

Currently there is not enough information to determine whether the causes of elder abuse are similar to or different from other forms of family abuse. The process by which elder abuse develops is complex and has not been sufficiently studied, although the current state of knowledge suggests that power and control factors that are seen in other forms of family violence can also explain at least some of the important dynamics of the abuse by family members.

A combination of psychological, social, and economic factors that affect interpersonal and intra-familial relationships (along with the mental and physical conditions of the elderly themselves and of the perpetrators) are contributing factors in any single incident of elder abuse within the family. Several models have been proposed to

account for the interaction of these causes, among them the following:

■ Caregiver stress

Abuse results from the stress and frustration of a caregiver, arising from personal problems such as inadequate coping skills, emotional problems, and loss of employment and from external problems that affect the caregiver, such as mental or physical impairment of the elder, financial burden, and lack of family and community support.

■ Intergenerational transmission of violence

Elder abuse is an expression of a family's tendency to use violence to resolve conflicts and to transmit this normative use of violence from one generation to another.

■ Personal problems of abusers

The dependency of the abuser, not the elder, is at the heart of elder abuse. Researchers have found that, frequently, adult children who abuse their parents suffer from problems such as mental and emotional disorders, alcoholism, drug addiction, and financial difficulty, and as a result may be dependent on the parent or other elder for housing and money. The abuse is an inappropriate response by dependents to the sense of their own inadequacies.

■ Adult partner abuse

An elderly woman is continuing to be abused by a partner who has used intimidation, bullying behavior, threats of and actual violence in an adult battering relationship. Sometimes the actual pattern of violent acts changes as the partners grow older, but the dynamics of power and control remain constant.

Chapter 5: Key Points

- Family violence is typically part of a pattern of interactions that may occur in more than one family relationship.
- Violence may occur at any developmental stage of family life, and the issues and challenges of each developmental stage need to be examined separately as well as part of a continuum.
- Gender is an important factor in interpreting incidence and prevalence rates of family violence.
- Family violence can generally be thought of as occurring within four contexts: in dating relationships, during marriage or partnership, after separation, and against elders in the family.
- Battering refers to physical, sexual, or psychological abuse in intimate relationships. Men batter women more frequently than women batter men.
- Psychologists have identified a three-phase cycle in battering relationships: tension-building phase, the acute battering incident, and the loving contrition period.
- Women who have been battered exhibit a range of measurable psychological effects.
- Battered women generally resist their batterers in some way, but a variety of obstacles may impede their attempts to avoid, resist, or escape the violence.
- No consistent characteristics distinguish abusers from nonabusers or victims from non-victims.
- Violence that begins when a couple is dating is likely to continue and to escalate when the couple lives together or marries.
- Boys who witness or experience violence in their own homes as children are at major risk for becoming batterers, but there is no single description of a person who batters.
- Alcohol use, especially binge and chronic use, is strongly associated with battering, but it does not cause the violence.
- Both victims and perpetrators underreport their use of nonprescription drugs.
- The risk of serious or lethal violence may actually increase after separation.
- When a marriage ends in divorce, the legal system may become a symbolic battleground where a batterer continues to abuse.
- Elder abuse within the family refers to the physical, sexual, or emotional and psychological abuse or neglect, or financial, and material exploitation of an older person by someone who has a special relationship with the elder in the older person's own home or in the home of a caregiver.
- Elder abuse is considerably underreported.
- Little information is available to suggest how culture and ethnicity may affect the likelihood of elder abuse or the characteristics of perpetrators and victims.
- The majority of perpetrators of elder abuse are family members, usually adult children.
- Women are most often the caregivers for elderly persons and are reported most as perpetrators of abuse; however, when cases of neglect are removed from the statistics, men are the most frequent perpetrators of physical abuse against elders. □

Child Victims

► Throughout history, children have been treated by the legal system as the property and responsibility of their parents—putting a child in a particularly vulnerable position if family members are abusive. Although the dangers for children from this legal philosophy have been noted at various points throughout history, the idea that children are entitled to a “protected childhood” did not arise until the early 20th century. That idea led to child labor laws, mandatory schooling, the development of private and public child welfare agencies, and, in the late 1950s, to the recognition of child abuse as a social problem. Today’s governmental child protection system and the enabling federal and state laws regarding mandatory reporting of child abuse and neglect by certain professionals were first enacted in the 1970s in the United States.

The National Center for Child Abuse and Neglect uses the following definition of child abuse and neglect:

Child abuse and neglect or child maltreatment is the physical or mental injury, sexual abuse, negligent treatment, or maltreatment of a child under the age of 18 by a person who is responsible for the child’s welfare, under circumstances which indicate that the child’s health or welfare is harmed or threatened thereby.

This definition served as a model for the definitions used in all 50 states in laws requiring the reporting of suspected instances of abuse and neglect.

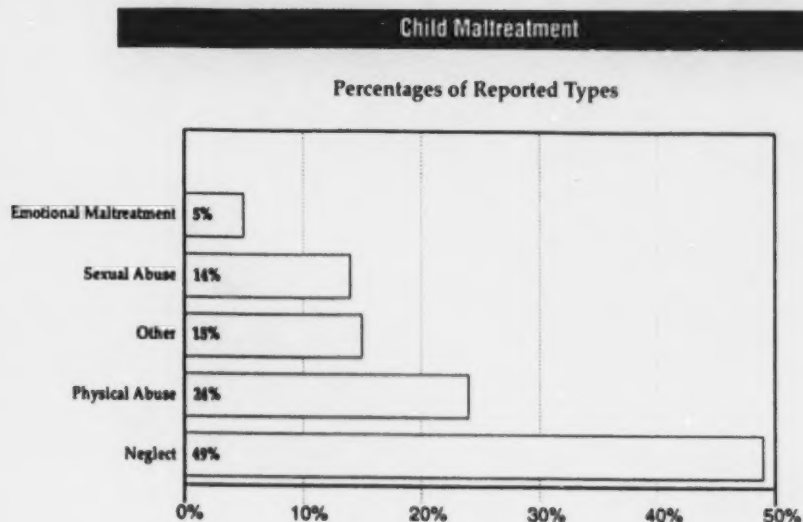
Child maltreatment includes child physical abuse, child sexual abuse and incest, organized sadistic abuse, and psychological maltreatment, which is emotional child abuse and neglect. Child maltreatment also includes exposing children to violence at home. Many types of child maltreatment overlap; all include psychological abuse.

► Abuse accounts for about 10% of the injuries to children under the age of 7 who are examined in emergency rooms. The risk of emotional abuse and neglect increases with age.

- One-third of victims of physical abuse are less than 1 year of age
- One-third are from 1 to 6, and one-third are more than 6 years old
- Approximately one-third of all sexual abuse cases involve children younger than 6 years of age

According to the U.S. Advisory Board on Child Abuse and Neglect, the child protection system in this country is in an emergency state because it can neither provide adequate protection for children nor provide adequate treatment and prevention efforts to stop child abuse and maltreatment. Over the last decade, the incidence of child maltreatment reports increased, with the largest increase in reports of child sexual abuse.

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Note: Because some states report more than one type of abuse, the total does not equal 100%.

Source: National Center on Child Abuse and Neglect Data System, 1993

Understanding the Types of Child Abuse and Maltreatment

Inconsistencies in definitions have led to problems identifying and documenting cases of child abuse and maltreatment. The task force adopted generally accepted definitions of physical abuse, psychological maltreatment, sexual abuse, and organized sadistic abuse.

Types of Child Abuse and Maltreatment

► **Physical child abuse:**

Nonaccidental use of force by a parent or other caretaker that results in the child's pain, bodily injury, impairment, or death.

Physical child abuse exists on a continuum from threats of force to slapping, pushing, shaking, beating with or without the use of objects; threatening to use weapons or inflicting injury with weapons; physical torture; and murder.

Types of Child Abuse and Maltreatment

► Sexual child abuse:

The deliberate engagement of a child, by a parent, family member, other caretaker, or person in a position of authority and trust, in sexual activities for which the child is developmentally unprepared and cannot give informed consent.

Incest is sexual contact or sexualized behavior by relatives and quasi-relatives, such as parents, step-parents, foster parents, or siblings, when the abuser is older or holds a position of power over the victim.

Incest and child sexual abuse include a continuum of behaviors ranging from noncontact activities such as exhibitionism, voyeurism, sexual photography, verbal sexual propositions, and harassment, to activities involving physical contact.

Contact abuse includes both penetration and other types of sexualized touching; penetration need not occur for incest or sexual abuse to be traumatic.

► Organized sadistic abuse:

Extreme abusive behaviors that include sadistic sexual and physical abuse, acts of torture, and severe psychological coercion. Such abuse may be well planned and repetitive and may occur in a group setting. Victims sometimes are coerced or inducted into committing violent acts against others.

Less is known about this form of child abuse and maltreatment than about others, and its existence is challenged by some because of the extreme and bizarre nature of the acts reported by victims as well as because of the difficulty thus far in documenting its occurrence.

Subtypes of organized sadistic abuse include ritualized abuse, in which religious, pseudo-religious, or cult elements are significant factors, and pornography and child prostitution.

Sadistic abusers typically use extreme physical and sexual abuse and psychological manipulation to terrorize and achieve total domination of the victim. Some of the identified methods of control include confinement and sensory deprivation; physical and psychological torture; control of information and deliberate misinformation; control of basic bodily functions such as eating, sleeping, and elimination; rape; mutilation and the

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Types of Child Abuse and Maltreatment

deliberate infliction of physical pain; the witnessing of or involvement in violence toward others; repeated threats; forced labor; and use of drugs or other toxins. In some cases, it is believed that sophisticated brainwashing or psychological conditioning techniques are used, including but not limited to combinations of hypnosis, behavioral training, and drugs.

► Psychological maltreatment:

The willful infliction by a parent or other caretaker of mental, emotional, or psychological harm or anguish. Often called *psychological abuse*, such maltreatment can be directly inflicted by parents, siblings, other family members, and caretakers. It also can be inflicted indirectly through children's exposure to violence in the home. Witnessing or other exposure to abuse of a parent is a form of psychological maltreatment.

Psychological maltreatment is often a pattern of interactions. It includes a range of behavior: terrorizing, threatening, isolating, exploiting or corrupting, spurning, rejecting, denying emotional responsiveness, or neglecting mental health, medical, or educational care. Included are humiliation, abusive gestures or words, confinement, or withholding sleep, food, or shelter, when these actions are meant to humiliate or cause fear or anguish in the child.

Although psychological abuse may occur without other types of abuse, frequently it accompanies other types of child abuse.

Neglect also is psychological maltreatment. It includes experiences in which a caretaker either deliberately or by extraordinary inattentiveness permits the child to experience avoidable suffering or fails to provide one or more of the ingredients generally essential for nurturing the development of the child's physical, intellectual, and emotional capabilities.

The term *neglect* is used even when the parent or caretaker fails to provide for the child's needs solely because of lack of means. A parent without health insurance, for example, who fails to provide health care for a sick child may be considered neglectful. Parents who lack resources, therefore, are in a no-win situation; this helps explain why more parents living in poverty are reported as abusers.

Identifying the Victims of Child Maltreatment

No demographic group is immune to child maltreatment; it occurs among families of every national origin, religion, age, ethnicity, and sexual orientation, although different patterns of child maltreatment appear in different cultures. Differences have been found among African American, Latino, and European-descended abused children in regard to age of victim, family income, type and severity of abuse, and perpetrator of the abuse. In all groups, prevalence rates are higher among families who live in poverty; some researchers, however, suggest that incest is more prevalent among more affluent families. More research is needed to determine whether the differences in reported patterns of child abuse are real or merely reflect the greater ability of certain groups to avoid discovery and the varying patterns of reporting among different social classes and ethnic and cultural groups.

Children may be subjected to multiple forms of family violence and abuse. For example, physical and psychological abuse may accompany sexual abuse, and child abuse may occur in the context of the parents' battering relationship.

Identifying Those at Risk

Factors closely associated with high risk of child maltreatment include the following:

- Unwanted children, those who resemble someone the parent dislikes (including the other parent), or children who have physical or behavioral traits that make them especially difficult to care for are at greater risk. For example, children with physical, mental, or emotional disabilities are at greatly increased risk of child abuse and maltreatment.

■ Poverty, family size, and other problems that produce exceptional stress may be significant risk factors. Children from families whose income is less than \$15,000 report maltreatment almost seven times more frequently than do children from families with higher incomes. However, incidence rates for maltreatment may be inflated for this group because people in low-income groups tend to come to the attention of public service agencies more frequently than do those in other groups. Families with four or more children also show higher rates of abuse and neglect. Family stressors such as financial difficulties, unemployment, separation or divorce, and the environmental conditions of the neighborhood may be associated with greater likelihood of child abuse and maltreatment, but data do not suggest a cause-and-effect relationship. In neighborhoods where there are high levels of violence, gangs, and drug trafficking, the violence may be more likely to spill over into the home.

- Isolation of the family, with few opportunities to socially interact with others in the community, is also associated with risk. The presence of another person in and outside of the home can be a positive intervention to prevent or stop child abuse.

Effects of Abuse on Children

Abused children show a variety of initial and long-term psychological, emotional, physical, and cognitive effects of abuse. When the abuse is severe or long-lasting, a child may begin to have psychosomatic complaints, medical disorders or illnesses that defy medical diagnosis, and signs of dissociation. Although these symptoms are highly correlated with abuse and neglect, they are not specific only to maltreatment.

► Who Are the Victims of Family Violence?

► Common Effects of Child Abuse

- Low self-esteem
- Withdrawal
- Overly compliant or overly rebellious behavior
- Regressive behavior
- Depression
- Poor peer relations
- Drug or alcohol problems
- Exaggerated or irrational fears
- Lack of trust
- Acting-out behavior
- Anxiety disorders
- Sleep disturbances
- Irritability and anger
- Suicidal feelings
- Poor concentration
- Eating disorders
- Secretive behavior
- Health problems

Child sexual abuse may lead to a variety of health and social problems including running away, prostitution, drug abuse, and mental health disturbances. In addition, women who have been sexually abused as children and adults, as well as those who have been in violent relationships, are at greatest risk for HIV infection.

Abused and maltreated children are more likely than nonabused children to be arrested for delinquency, adult criminal behavior, and violent criminal behavior.

Abused children frequently have cognitive, emotional, and social difficulties, including communication problems, poor performance in schools, and learning disabilities, and they are more likely to commit crimes as children or adults. Currently there is a trend to arrest children at younger ages for the commission of serious violent crimes; a substantial proportion of these children have been abused. Their prior abuse is a risk factor, however, and not a cause of their criminal acts.

Adults who were abused as children are also believed to have higher rates of drug and alcohol abuse and emotional disturbances. Large numbers of men and women serving prison sentences were raised in abusive homes.

Child abuse and neglect can seriously affect a person's physical and intellectual development and can lead to difficulties in self-control. Many abused and neglected children have difficulty controlling emotions, which can lead to aggressive and self-destructive behavior, eating disorders, and substance abuse. Some evidence supports the idea that self-control may be improved or restored by helping the child create safe attachments to family members and other intimates, by introducing clear structure and meaning into a child's daily routine, and by prescribing medications that regulate the body's response to stress.

Children who have been severely and repeatedly abused or maltreated are at higher risk of killing their parents, although this is a rare event. Most children who kill one or

both parents have a history of physical, emotional, or sexual abuse. Children who kill often are physically and psychologically isolated from normal relationships with their peers. Their isolation, the parents' rigid control, and the abuse they suffer are often construed as evidence that they are in danger of serious harm or death.

Not every child demonstrates long-term effects from abuse. Research suggests that not every maltreated child suffers from mental illness or other emotional problems either at the time of the abuse or later in life. Resiliency factors, including differences in temperament and psychological hardiness, may help some children escape serious aftereffects. Some estimate that as many as 20% to 30% of children who have been sexually abused can and do recover without major damage, although the exact mechanism by which this happens needs to be better understood. Some studies suggest that children who recover are more likely to have had higher self-esteem prior to abuse, as well as the support of their nonabusing mothers.

Identifying the Perpetrators

Research has identified several psychological and social risk factors associated with people who abuse children:

- Isolation from family and friends
- More negative than positive interactions with various family members
- High level of expressed anger and impulsiveness
- Inappropriate expectations of the child
- Strong need for power and control
- Relatively high rates of actual and perceived stress

- Emotional immaturity or neediness
- Experience of abuse or neglect as children
- Exposure to parental violence
- Feelings of worthlessness
- Low self-esteem
- Poor health
- Psychosexual disturbance

Parents who are distressed, have rigid attitudes about parenting, and have inappropriate expectations of children are more likely to abuse their children. Young adolescent mothers are at the greatest risk of being abusive. Many were themselves abused as children, grew up in violent homes, often continue to have abusive relationships with their partners, have little knowledge of nurturing parenting techniques, and have little support as parents.

Alcoholic mothers are three times more likely and alcoholic fathers are eight times more likely to abuse or neglect their children than are parents who are nonalcoholic. Because alcohol and drug abuse are closely associated with other forms of family violence, it is difficult to separate the effects of interaction. For example, if a parent's use of alcohol and drugs during pregnancy causes a child to develop some disability such as fetal alcohol syndrome, the parent will be even more likely to abuse the child. However, even though alcohol and drug abuse are strong risk factors, they do not actually appear to cause child abuse and maltreatment.

A child's exposure to the father abusing the mother is the strongest risk factor for transmitting violent behavior from one generation to the next. Adults who were exposed to parental violence in their homes as children

► Who Are the Victims of Family Violence?

have reactions that are similar to those caused by exposure to other forms of child maltreatment. However, some perpetrators have no history of violence, and not all people exposed to violence will become perpetrators.

There is no single profile of a person who abuses children. Perpetrators come from every demographic group—including every educational and income level and all racial, ethnic, and cultural groups, as well as from all social classes. Similarly, no single psychological test or assessment device by itself can positively identify a child abuse perpetrator. Identification of perpetrators involves the use of standard psychological methods, in conjunction with assessment of behavior, attitudes, and information from a variety of sources.

The Societal Impact of Child Abuse and Maltreatment

The economic costs of child abuse and maltreatment are enormous; the lifetime cost to society per abused child is very high when abused children are not treated. Much more needs to be learned about how to *prevent* child abuse as well as how to decrease recurrence. Major financial savings are available to a society that reduces its incidence and prevalence of child abuse. Preventive services are far less expensive than are services for responding to the effects of abuse. The costs of prevention include community and professional education, child care, transportation, and legislative activities.

Maltreated children perform significantly below their nonabused peers on standardized tests, receive lower grades, and are more likely to repeat a year in school. They also experience more referrals for discipline and

suspensions in school. Neglected children frequently have poor academic performance; physically abused children show the most discipline problems, especially in school settings.

School psychologists and other school personnel who observe patterns of behavior over time may be in a position to identify abused and maltreated children by noting the inconsistencies in their development. Some abused children have gaps in their cognitive development because they often miss out on learning important skills at critical stages. At the same time, they may be developmentally precocious in certain respects, depending on the type of abuse they experience and the coping skills they develop in response.

Understanding Adult Survivors of Child Abuse

The term *adult survivor of child abuse* refers to any person who experienced any type of abuse in childhood. Most often, but not always, the abuser was a family member. Although it is common for children to develop a range of symptoms at the time the abuse occurs, sometimes symptoms may not emerge until adolescence or adulthood, when the effects may appear intensified. The term *adult survivor* most often refers to adults who experience the long-term aftereffects of untreated or unresolved abuse.

Most adult survivors were abused at a time when child abuse was not well recognized or acknowledged. The taboo surrounding abuse in the family, particularly incest, meant that few child victims received protection, intervention, or treatment and were left to cope in isolation. When the original effects of abuse go untreated, they tend to compound over time, causing additional problems for the

adult survivor. Adulthood may therefore be the time when former child victims first experience symptoms and when they need and seek psychological treatment.

Understanding Effects Seen in Adult Survivors

Childhood abuse—particularly sexual abuse—has significant long-term as well as initial effects. These effects have been studied extensively since the mid-1970s. Although different types of abuse may result in different psychological effects, the effects of abuse generally can be divided into the following seven categories:

- **Posttraumatic responses.** Responses include hyperarousal, reexperiencing the abuse, startle responses, sleep disturbance, nightmares and flashbacks, and a range of dissociative responses such as numbing, time loss, reenactments, depersonalization, derealization, and amnesia. When abuse occurs chronically over the course of childhood, personality development and physical maturation are at risk to be compromised by ongoing trauma and ensuing traumatic stress reactions.
- **Emotional reactions.** Generalized anxiety and fear are manifested in apprehension, anxiety attacks, sleep disturbance and nightmares, and various phobias including fears of other people, enclosed places, and the dark. Depression is an aftereffect that frequently becomes chronic and, in abuse victims, is much more likely to result in thoughts about or attempts at suicide or in self-mutilation or other types of self-harmful behavior.
- **Self-perceptions.** Victims have a negative self-concept and may experience a marked sense of badness and shame, or feel stigmatized, different from others, and unlovable.

■ **Physical and somatic effects.** Physical effects may be related to the type and locus of the abuse and be manifested directly or in conversion symptoms. Substance abuse of any sort usually provides a means of blunting or, conversely, of intensifying the pain while punishing oneself. Obesity and anorexia are additional signs of distress.

■ **Effects on sexual functioning.** Incest strongly affects the later sexual behavior and experiences of many survivors; a high proportion develop sexual difficulties.

■ **Interpersonal relationships.** Difficulty trusting others because of past betrayal by one or more family members is at the core of problems with interpersonal relationships. The dynamics of the abuse may be reflected in choice of a partner and in the subsequent interactions. Survivors may end up in abusive relationships with others who were abused or neglected as children, and relationship difficulties may affect the survivor's ability to be an effective parent. But the impact on the survivor's parenting skills must be carefully measured and not just assumed from knowing about the survivor's history of abuse.

■ **Social effects.** Social functioning of survivors varies greatly, ranging from isolation, rebellion and antisocial behavior to compulsive social interaction. Some survivors alternate between periods of functioning competently and of being unable to function at all.

The effects of abuse vary greatly because the circumstances and severity of abuse vary markedly, just as the personalities of the individual victims differ. Although many adult survivors suffer significant long-term effects, not all do.

► Who Are the Victims of Family Violence?

The table that follows describes several variables that influence the severity of effects.

Factors Influencing the Effects of Childhood Abuse on Adult Survivors

► **Factors correlated to *severe* effects:**

- Relationship of the perpetrator to the victim and their relative age difference; parent-child abuse and adult-to-child abuse tend to result in more severe effects
- Younger age of onset and abuse of longer duration
- Forceful and violent abuse
- Repeated abuse and multiple types of abuse
- Lack of support or intervention within the family when the abuse is known
- Removal of the victim rather than the perpetrator from the home
- Witnessing, failing to protect, or participating in the abuse of another family member
- Violent abuse
- Physical penetration in sexual abuse

► **Factors that temper the effects of childhood abuse:**

- *Personal resiliency in the victim.* Some people seem to have genetic or character makeup that protects them with a psychological hardiness that makes them more resilient.
- *Significant relationships.* Supportive relationships lessen the negative impact of abuse.

Studies are under way to determine factors that protect against or moderate the abuse effects and to determine whether some abused individuals are relatively unaffected by the experience.

An adult's psychological symptoms resulting from abuse in childhood may meet criteria for various psychological diagnoses; these symptoms are considered trauma reactions and often meet the criteria for the diagnosis of PTSD. In adult survivors, long-term effects of childhood abuse usually manifest themselves as either chronic or delayed symptoms similar to posttraumatic stress from the original trauma. Recent theories posit that repeated traumatization in childhood, such as the trauma commonly experienced in child sexual abuse, may also create a form of PTSD. This is different and more complex than PTSD that results from other trauma, because severe abuse in childhood affects the organization of the developing child's personality. New research suggests that changes occur in brain structure from biochemical reactions to trauma.

Chapter 6: Key Points

- Throughout history, children have been regarded as the property and responsibility of their parents.
- Being treated by the legal system as the property and responsibility of their parents can place children in danger.
- Child protection agencies are often unable to provide adequate protection for the children, and often do not provide adequate treatment or prevention programs to end the child abuse and maltreatment.
- Child abuse and maltreatment occur across all sections of the population, but poverty and family structure may be significant risk factors.

■ Other important factors that seem to put children more at risk include:

- Being unwanted
- Resembling someone the parent dislikes (including the other parent)
- Having physical or behavioral traits that are different or that make them especially difficult to care for

■ Children who witness parental violence have reactions similar to those of children who are direct victims of abuse.

■ Although abused children show a variety of initial and long-term psychological, emotional, and cognitive effects, not every child demonstrates long-term effects from abuse.

■ An important factor that appears to lower the incidence of child maltreatment in high-risk families is the presence of a helpful person as an addition to the family.

■ Psychological risk factors of those who abuse children include:

- Isolation from family and friends
- More negative than positive interactions with family members
- High level of expressed anger and impulsiveness
- Inappropriate expectations of the child
- Strong need for power and control
- Relatively high rates of both actual and perceived stress
- Psychosexual disturbance

- Parents are more likely to maltreat their children when the parents abuse alcohol and drugs.
- The term *adult survivor of child abuse* refers to any person abused in childhood by a family member, but it most often refers to adults who experience the long-term effects of *untreated or unresolved* childhood abuse.
- A large number of women report having experienced childhood sexual abuse and incest.
- Men also report sexual abuse, but less frequently than women.
- Adults with childhood histories of abuse usually seek treatment for problems such as anxiety, depression, sleep disturbances, compulsions, phobias, poor relationships and social functioning, or long-term complex trauma effects on their personalities.
- The lifetime cost to society of child abuse and maltreatment per abused child is far greater than the costs of effective prevention programs. □

INTERVENTIONS

In this final section, we focus on the interventions used to identify, stop, mitigate the consequences of, or prevent family violence. Intervention is a process of identifying and providing services to families in which violence, abuse, maltreatment, or neglect already has occurred, or in which conditions indicate that such violence is likely to occur. The intervention process includes identifying and ameliorating the symptoms and effects of violence and reducing the risk of revictimization. Intervention may be directed toward victims, perpetrators, families, communities, or society in general.

■ **Chapter 7, "Interventions for Victims and Survivors."** We describe the multiple elements in the process of intervening with victims and survivors. These elements include assessing the needs of victims and their family members, helping victims with safety planning, providing treatment—including but not limited to psychotherapy—to ameliorate effects of the violence, evaluating the outcome and effectiveness of intervention, and monitoring progress. In addition to crisis intervention, which helps ensure the victim's safety and addresses debilitating immediate effects of abuse, intervention aids the victim in processing and understanding the experience of violence and victimization and helps victims of family violence heal and get on with their lives, with new internal and external supports in place to assist in preventing future victimization.

■ **Chapter 8, "Intervening Effectively with Perpetrators."** We focus on interventions and treatment for perpetrators of abuse as well as for victims who become perpetrators. For offenders,

treatment usually includes psychotherapy or other rehabilitative methods to stop the abusive behavior and alleviate the psychological causes that may perpetuate it.

■ **Chapter 9, "Family Violence, Psychology, and the Law."** We focus on legal issues, broadly viewed, that result when family violence leads to involvement with the courts. Many victims of family violence will have some contact with the legal system—often their first such encounter. Most psychologists, too, will have some contact with the legal system when working with victims of abuse or offenders, whether through mandatory reporting and recordkeeping laws, through forensic consultation or expert witness testimony, or through providing treatment for clients who are themselves involved with the legal system.

■ **Chapter 10, "Promoting Violence-Free Families."** We address ways to prevent family violence by promoting nonviolent, healthy families. The urgent need in society is to find ways to prevent the negative consequences of family violence for individuals, families, and communities. Psychologists and professionals from other disciplines must work together to create a multifaceted approach to promoting nonviolent, healthy families.

Interventions for Victims and Survivors

Psychological treatment programs are important responses to the epidemic of family violence. Such programs have three general goals:

- To provide crisis intervention that helps ensure the victim's safety and that responds to the immediate, debilitating effects of abuse
- To help the victims understand and process their own experiences of violence and victimization in the broader social context
- To help victims of family violence heal and get on with their lives, with new internal and external supports that will help prevent future victimization

Understanding Intervention and Treatment: Elements of Effective Programs

Because family violence takes many different forms, intervention and treatment programs must be flexible enough to meet individual needs. Key factors that may influence the form of intervention or treatment include:

- Relationship of the victim and the perpetrator
- Race, ethnicity, culture, socioeconomic status, sexual orientation, age, and ability or disability of the victim
- Developmental stage at which the violence occurs
- Type of abuse or maltreatment
- Duration, frequency, and severity of the abuse or maltreatment

Effective interventions share the following general characteristics:

- They take into account specific needs of the recipients.
- They are theory-based, using models that are widely believed to reflect the dynamics of abuse and other emotional, cognitive, and behavioral disorders and that

provide testable hypotheses on which to build interventions.

- They are designed to stop harm and to minimize the disturbing aftereffects of violence by preventing exposure of the victim to additional violence whenever possible.
- They avoid subjecting victims to emotional trauma and revictimization that may occur with therapy processes that promote unnecessary repeated descriptions of abuse.
- They include an appropriate evaluation plan with assessment and outcome measures.
- They are designed for nonclinical locations (schools, community groups, and health care environments) as well as for clinical and experimental environments.
- They recognize and address the needs of girls and women, boys and men, at all stages of development.
- They are culturally relevant and delivered by providers who are competent to address social traditions, cultural norms, and family beliefs.

Families who most need intervention and treatment services often do not have access to them. Often, at-risk families receive little attention from social service and health care systems until an incident of severe abuse or other form of violence is reported. In the case of child abuse, for example, publicly subsidized family counseling and support services are often available only after an incident has occurred and has been reported. Such services then seem punitive, often with the implicit threat that the child will be taken away from the family if parents do not participate.

Serious financial and health care constraints keep many people from receiving the intensity and scope of treatment they need. Therapists must work as efficiently as possible within the client's resources and devise and implement shorter-term treatment when necessary. Therapists must also be prepared at times to demonstrate their client's need for treatment to third-party payers. If the client is in a managed care system, the therapist may also need to advocate for treatment of increased intensity or duration. Alternative sources of funding for treatment, such as federal Victim Compensation Funds administered by the states, may be appropriate and available for some adult survivors and child victims.

Families at risk for abuse are more likely to use intervention programs when funding for such programs is publicized and is easily accessible. Victims and their families are often unaware that the federal Victim's Compensation Fund, administered by each local or state judicial district, may make available a limited amount of money for counseling and therapy for victims of crimes, includ-

ing victims of domestic violence or assault on an elderly person. Certain jurisdictions may apply restrictions: In many states the victim must cooperate with the criminal justice system, and a therapist may have to be approved or certified as a domestic violence treatment provider or a licensed mental health care provider to be eligible to collect such funds.

Victims also should be made aware that mental health counseling is available on a sliding scale in some communities, although many agencies that offer such fee schedules do not have specialists trained in intervention with abuse victims. Some schools also provide no-cost counseling for child victims of violence, who may need special services in order to perform effectively in school.

Intervention programs that are accountable to the entire community are most likely to benefit the victims who use them.

Programs often meet a wider scope of victims' needs when they are monitored by several disciplines, such as through a community advisory board including former victims as well as victim advocates, representatives of the courts, and health service providers.

When one victim is identified in a family, interventions must take into account that there may be other victims, or that the initial victim may have been abused at other times or in other places. By understanding this association among forms of violence in families, therapists can more easily identify and treat the often-missed cases of adolescent violence.

In addition, committing, experiencing, or witnessing violence in the home is often associated with other acts of violence outside the home, such as workplace violence, violence in

the school, and street violence in urban areas, as well as sexual harassment and sexual exploitation and abuse by people in positions of power and trust.

Understanding Mandatory Reporting as an Intervention

Surveys of health care professionals, including mental health providers, indicate that professionals often fail to report identified child maltreatment, despite being trained to identify child abuse and neglect. Many professionals indicate that they do not believe others will follow through to provide the help needed by a family coping with violence.

If the current overloaded child protective system is not modified or redesigned, many abused children will not receive the interventions and treatments they need. Many children and families are damaged by the system's failings. Child Protective Services often are staffed by minimally trained, inexperienced child protection workers who may not be prepared to deal with the cultural characteristics, socioeconomic realities, or psychological needs of their clients or with the large caseloads they invariably are given. To help children at risk for child abuse, the child protection system must be given higher priority, greater funding levels, and better training.

A mandatory reporting system is effective only if those who must follow it believe the system really will help the child and family being reported. Some psychologists and other health care professionals who treat families do not believe the current child protection system works in any but the most serious, life-threatening cases of child maltreatment. Psychologists often are frustrated when a report damages the trust and confidentiality

that had been established in the therapist-client relationship, yet does not help the client. Psychologists and other health service professionals report stories about families investigated improperly, treated poorly, and deterred from seeking help for problems that appear to be solvable, at least in part, by psychological intervention.

Psychological Assessment of Victims and Survivors

The most useful way to help victims of family violence is to develop interventions based on careful assessment. Clients and service providers should work together to use such assessment to establish treatment goals. Treatment plans should be monitored continuously to determine where changes are needed. A thorough, competently administered psychological assessment can help determine a particular person's symptoms, analyze the social context in which the abuse has occurred, and serve as the basis for appropriate interventions to help a victim heal from the abuse.

Psychological assessment involves gathering information to help understand the client and his or her social environment. Assessment can be conducted through:

- Standard clinical interviews that include a mental status examination
- A psychosocial history
- Standardized psychological tests or other assessment instruments
- Neuropsychological screening
- Clinical observation

Other documents or collateral interviews may be used to corroborate accusations of abuse, especially when legal issues are raised.

New assessment techniques that measure the psychological effects of abuse can help identify children and adults who have been abused or exposed to family violence. Posttraumatic stress responses to acute and chronic abuse include a specific pattern of symptoms. These symptoms often appear in clusters that are labeled a *syndrome*—for example, battered woman syndrome, battered child syndrome, rape trauma syndrome, or child sexual abuse accommodation syndrome. However, not all victims develop such syndromes. Some have symptoms that are consistent with other mental health diagnoses such as depression, anxiety, or dissociative disorders; some show interrupted cognitive, behavioral, and social development. Others may not have any symptoms, particularly after they have achieved safety.

Abuse victims and others who have experienced traumatic events experience unique symptoms associated with posttraumatic stress reactions and disorders. For example, dissociation is a psychological process that often occurs during extreme trauma: Individuals attempt to cope by psychologically separating from the pain. Individuals often unconsciously enter and leave such states as a way to protect themselves from being aware of their own pain. For example, children who are being sexually abused may perceive their minds as being separate from their bodies, which are being violated. Some report making their minds "go away." Such dissociative states usually are brief, and the victim may not have complete contact with reality during these periods.

It is important to identify and treat adolescent victims of family violence by expanding the scope of the child maltreatment identification and service delivery system.

School personnel, physicians and medical personnel, family therapists, and the criminal justice system need to become more attuned to the likelihood of adolescent victimization.

Understanding Intervention and Treatment: Victims and Survivors

The most common psychoeducational and psychotherapeutic interventions for victims of violence help the victim find safety from future violence, help restore self-esteem, and validate and empower the victim. Although these interventions may include a variety of therapeutic methods, all are based on theoretical models developed to understand the effects of trauma on its victims.

Not all victims require the same types and intensity of intervention. Some victims recover with support from friends and family; others find what they need in short-term psychoeducational groups, while still others are affected by the abuse to such a degree that they need long-term psychotherapy. Psychotherapy, the form of psychological treatment most commonly used by psychologists and other mental health professionals, attempts to reduce the psychological symptoms that interfere with the victim's ability to regain power and live in a violence-free home. Psychotherapeutic treatment may include individual, family, or group therapy, or a combination of these.

The duration of psychotherapy for victims of family violence varies greatly, depending on the victim's age, the victim's health and mental health status before the abuse, the number and forms of previous victimization, and the type of violence experienced. Treatment protocols that call for a limited number of sessions—some managed

care companies may authorize 12 or fewer sessions—usually are not sufficient for most abuse victims or trauma survivors to make substantial progress toward recovery. Long-term therapy is usually necessary to help traumatized victims heal from the effects of abuse, although some victims make progress in short-term therapy.

Rehabilitation after the trauma of abuse typically occurs in stages: Victims may enter, leave, and reenter therapy over a period of years. Symptoms may recur or become more troublesome when particular normal or stressful life events occur; during these times, victims often need additional therapy sessions to cope successfully.

Therapy techniques for trauma victims should emphasize the strengths that victims have developed to protect themselves and cope with abuse. Most abuse victims have been criticized and belittled constantly by their abusers. Therapy that emphasizes weaknesses may feel like abuse to the client and may cause further damage. It is important for the therapist to view the victim's behavior in light of the extraordinary circumstances associated with abuse. Behaviors or personality traits that might seem negative under ordinary circumstances may be responses that help the victim cope with anticipated or actual violence. Rather than demonstrating a pathological disorder, the person may actually be demonstrating survival skills. Helping clients appreciate those strengths early in therapy is empowering; it restores the victim's self-esteem and belief in her or his own abilities. After a client feels safe, the old ways of responding that have become dysfunctional sometimes drop away without further intervention. At other times, however, the responses may not change, leading to behaviors that

call for further interventions, including psychotherapy.

Intrusive memories of past incidents of abuse (often referred to as *flashbacks*) sometimes interfere with a victim's ability to think clearly and to function. Some victims enter therapy because of flashbacks and other symptoms, without necessarily remembering all the details of the past abuse.

Flashbacks can occur without warning, arising unbidden in the person's consciousness. Flashbacks also can occur during nightmares that, symbolically or in realistic detail, replay parts of the abusive experiences. Sometimes the flashback will be triggered by a familiar aroma or color or by the shape of something observed at the time of the traumatic abuse.

The most frightening form of these intrusive memories occurs when the feelings associated with the trauma are reexperienced simultaneously with the memory. In these instances, the person mentally reexperiences one or more scenes from the abuse, complete with the feelings of terror. Under the influence of such powerful imagery and feelings, the person may believe the abuse really is happening again (a phenomenon well known among war veterans severely affected by PTSD). Such flashbacks and other symptoms of PTSD that are brought on by abuse are addressed in forms of treatment based on trauma models.

Psychologists are continually working to find better ways to prevent and treat family violence. New treatments must begin to address the circumstances in which the various types of family violence overlap. For example, when a mother who has been abused has herself been abusive to her children, one option may be to place both mother and children in a battered women's shelter.

► Interventions

The shelter offers stability and security, and the mother and children can be treated individually for their respective experiences of abuse (which, for the children, may also include having been exposed to violence against their mother), as well as beginning supportive group therapy that will help them avoid future victimization.

Most battered women's shelters have a rule of nonviolence to help teach mothers how to discipline their children without hitting. Although this rule may be difficult for women who are accustomed to spanking their children, many leave the shelter with new skills and child management techniques practiced while they were shelter residents.

Effective treatment programs must address a range of issues that affect treatment success. These include the level of training needed for the counselor or therapist; the gender of the treatment provider; confidentiality issues raised through mandatory reporting laws; recordkeeping issues, because records may be subpoenaed by the court; and the type of treatment and the setting for the treatment. Specific forms of treatment address the needs of a wide range of family violence victims and multiple problems, disabilities, or other special needs.

Intervening in Specific Forms of Family Violence: Spouse/Partner Abuse and Battered Women

Community-based organizations, usually guided by battered women's shelters or advocacy groups, have developed intervention techniques to help victims and to stop domestic violence. Some battered women's shelters, for example, have become not only shelters but providers of services. They provide intervention programs for women and children, access to legal assistance, psycholog-

ical treatment, support groups, advocacy, and vocational counseling. Most shelters try to empower women, even if they go back to their batterer. Many women do return to the abuser many times during the process of ending the abuse.

Most shelters have some relationship with psychologists and other mental health providers in their communities as psychological consultants, psychotherapists, or evaluation researchers. It is important for shelters to work with trained mental health professionals who can provide in-depth psychological treatment for shelter residents and nonresidents and can consult with staff whenever necessary. It is also important for battered women's services to be accessible and appropriate for women with disabilities as well as for older women who are abused by their partners.

Assessment Issues for Battered Women¹

A psychological assessment to determine the impact of abuse must include an assessment of the level of current danger for a battered woman. Further psychological assessment should be postponed until the woman is in a safe environment or has a safety plan and her immediate needs have been identified. Subsequent assessment should emphasize the physical and mental well-being of the woman and her children. It should determine what resources are available to her (sometimes identified during safety planning); it should also evaluate her current and past psychologi-

¹The term *battered woman* is used here because most victims of domestic violence are women, whether their partners are male or female. Although the task force reviewed some literature on treatment of male victims of both male and female domestic violence, in fact, little is known about the effectiveness of applying this victim-oriented treatment to men. We use the term *battered woman* to specify that our knowledge is primarily based on work with female victims of domestic violence.

cal functioning and her immediate needs in order to develop appropriate goals for intervention and treatment.

Mental health professionals must take care not to downplay a woman's level of danger at and after separation, especially when child visitation issues are involved. A battered woman in therapy may decide to make changes in her life that will threaten the control her abuser is accustomed to having over her. Accurate documentation is essential during these crucial periods of transition, because the records may end up in court or be used to further harm and harass the woman in unanticipated situations.

For the sake of the victims, assessments must be made by individuals trained in both mental health and domestic violence issues. Just as mental health professionals who do not understand domestic violence can make diagnostic errors—such as interpreting a battered woman's behavior as a "borderline" or "dependent" personality disorder—grassroots workers can miss mental health issues such as PTSD, depression, and other anxiety disorders that could be improved or resolved with effective, immediate treatment. A mental health practitioner often will be able to view a victim's issues in a broader context than that of the abuse alone: for example, women whose abuse results in physical disabilities may experience adverse emotional symptoms from their disabilities as well as from the abuse. The mental health practitioner also will be able to recognize situations in which the survivor requires assessment of potential neuropsychological impairment from repeated battering.

Treatment Issues for Battered Women

Today, psychotherapists use diverse techniques to help women and their families

achieve safety, regain control of their lives, and understand and cope with the effects of victimization. Psychotherapy can help reduce the effects of the trauma by encouraging a battered woman to talk about her experiences with someone who understands, who does not blame her, who encourages her to stop blaming herself, who helps her deal with painful emotions, and who helps her learn from those experiences.

One therapeutic approach that has helped many women is called *survivor therapy*. The goals of this type of intervention include helping the woman find safety, re-empowerment, and validation of her experience; exploring all her options; restoring clear thinking and judgment; enhancing her own decision-making power; and healing the effects of the trauma. To accomplish these goals, the therapy must:

- Emphasize the woman's positive qualities rather than her weaknesses
- Help to break her isolation and relieve depression, if necessary
- Treat other mental health or substance abuse issues, if present
- Recognize and counter power and control issues
- Help the woman to achieve more economic independence, if necessary
- Increase assertiveness
- Deal with anger and rage
- Distinguish between general oppression and personal circumstances
- Meet the needs of the victim and, if possible, other family members
- Demonstrate authentic concern on the part of the therapist

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Identifying Child Physical, Sexual, and Psychological Maltreatment

Prompt, effective treatment of victims of child abuse is often hampered by the system through which such abuse comes to light.

After a report or an event has brought a suspected problem to light, the child protective services system begins an investigation. The law requires an investigation, but it does not mandate prevention or treatment. Hence, most effort is focused simply on finding out what happened, not on protecting the child. In most instances, no treatment is provided.

For the last three years, the reports of the U.S. Advisory Board on Child Abuse and Neglect called for the return to focus on the child by providing treatment and prevention programs along with investigation of abuse. According to the U.S. Advisory Board on Child Abuse and Neglect, "The result of the current design of the child protection system is that investigation often seems to occur for its own sake, without any realistic hope of meaningful treatment to prevent the recurrence of maltreatment or to ameliorate its effects, even if the report of suspected maltreatment is validated. Obviously, investigation cannot be removed altogether, but it should no longer be the centerpiece of child protection."

Abused children typically are removed from their homes and placed in foster care if another family member cannot care for them. This situation is not always safe or helpful: Studies show that children in foster homes may be at high risk for abuse by adults and by other children in the foster home. A child placed in what is intended to be a temporary living environment often stays there several years. In some cases, adding another adult, such as a home-care nurse, to the child's own

home environment to assist the mother may be an effective alternative to foster care.

Assessing Children

During investigation of child abuse allegations, psychologists who work for child protection services can help evaluate whether a child may have been maltreated. They also may assess the immediate and long-term educational and psychological needs of the child. Although investigation and treatment are different, psychologists sometimes perform both, and they must clearly identify their roles to the client. An investigator attempts to determine whether the abuse allegations are true; a therapist attempts to help the child heal emotionally and to recover lost self-esteem. The investigation process includes observation of and interviews with all parties involved. Investigations of preschool children may be inconclusive because the child lacks the verbal skills to communicate his or her memories and feelings.

Investigations should be conducted by child abuse specialists who can create rapport with and respond empathetically to the child and who does not permit bias to influence the results. Many factors are involved in the investigation of allegations of abuse, including the child's:

- Ability to describe the maltreatment in various ways
- Ability to describe the context and family dynamics surrounding the maltreatment
- Feelings and demeanor
- Medical or physiological evidence of maltreatment
- Psychological symptoms consistent with being traumatized

The investigation also must include information from other collateral sources or witnesses and whether the perpetrator has confessed.

The assessment process determines the psychological functioning of the child and, perhaps, family members; possible symptoms of maltreatment; and treatment needs. To perform an assessment, psychologists use clinical interviews, psychosocial histories, and clinical observations. The specific techniques are designed to be relevant to the age of the children being assessed, and they often include direct as well as indirect evaluation. Child psychologists need to be specially trained in developmental issues, personality development, and behavioral difficulties experienced by abused children if they are to conduct usable assessments and to alert family members or authorities to potential problems these children may have later.

No psychological measures or techniques can determine conclusively whether a particular child has been maltreated or who the abuser was: Such conclusions require a witness or a confession. The investigation and assessment processes can help us learn more about the effects of maltreatment, if it did occur. The more a particular case is consistent with findings from other known child abuse victims and perpetrators, the more important it is for the interventions to address known issues, whether or not the allegations of abuse are substantiated.

Children receiving intervention for abuse often withdraw their accusations of maltreatment. It is important to recognize that a child's recantation does not mean that the report was false. Rather, many children recant because they become frightened at the consequences to the family as they know it.

Assessments and interventions may frighten children: The process may involve many strangers, the potential of being removed from home, the anger or strong emotions of family members, and a general disruption of the child's life. The pattern of secrecy, helplessness, disclosure, and recantation often seen by clinicians treating sexually abused children has been termed the child sexual abuse accommodation syndrome.

Treating Children

Most maltreated children are not identified during childhood, and even those who are identified often do not receive the treatment they need. When maltreated children are identified, frequently they do not receive needed therapy because many child protection services and mental health workers are not adequately trained or equipped to treat maltreated children.

Some abuse victims are identified in school, and school psychologists may be able to provide intervention. Therapeutic preschool programs as well as programs in elementary and secondary schools have been successful in reducing symptoms associated with abuse and postponing developmental and life-cycle problems.

Children with physical and mental disabilities are at higher risk for being abused by the family and may need special interventions. These children's need for special care often adds additional stress to an already emotionally charged home where parents respond violently to frustration. The aftermath of such abuse is extremely complicated. Generally, the children rely on the abuser for care, and the children are not only reluctant to

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report abuse, but also are more likely to be compliant, passive, and dependent. Moreover, some of the children may have physical disabilities that make it impossible to defend themselves or to ask for help. Some are unable to distinguish between appropriate and inappropriate behaviors directed toward them, and those who have communication deficits may not be able to describe what has happened to them. Also, children with disabilities are less likely to be believed when they do report instances of abuse.

Treatment programs for abused and maltreated children may be based on approaches that give special attention to the nature of the victim's trauma. A common approach is to encourage a child to express feelings and to heal through play and then master circumstances and effects related to the abuse. Some of these programs use props such as doll houses, dolls, puppets, and stuffed animals. Others use sand trays, art, and music to help the children express their feelings, deal with the trauma symbolically, learn self-protection and skills for avoiding revictimization, and to recover from the maltreatment. Another approach is to use behavioral therapy to reduce symptoms. Some psychologists believe it is important for a child to recall the experience of abuse in order to fully heal from it; others do not view such recall as necessary or even helpful. Many agree, however, that a child's feelings about the abuse must be elicited and dealt with in therapy.

Treatment programs for children who are physically or sexually maltreated have several common goals: stabilizing the child's environment and preventing revictimization, dealing with the issue of abuse, recounting the trauma and processing it, identifying

feelings and expressing them, and resolving behavioral issues. These behaviors may include fears or phobias, guilt and self-blame, shame, depression, eating disorders, substance abuse, lack of social skills, passivity, low self-esteem, or dissociative symptoms. The treatment may be conducted individually or in groups, separated by gender or mixed. Family therapy also may be appropriate, when one or both parents are supportive of the child, if the perpetrator is included only upon agreement of the child and the nonabusive parent(s), and only after the perpetrator has been in treatment and has accepted responsibility for the maltreatment.

Children who have been sexually abused face additional challenges for treatment, including early sexualization, stigmatization, feelings of betrayal, and powerlessness. Each of these has its own psychological impact on the child, depending on the type of sexual abuse, duration, and use of physical force. In particular, sexualization presents a special problem in treatment of sexually abused children. When children are repeatedly sexually abused, they sometimes become preoccupied with sexual behavior and attempt to meet normal psychological needs through sexual interaction. This sexualized behavior should also be addressed in specialized treatment that frequently uses a combination of cognitive and behavioral techniques. If this behavior is not treated, the child may later have sexual difficulties, engage compulsively in sexually risky behavior, or commit some form of sexual offense.

Assessing Children Exposed to Family Violence

If children are exposed to violence at home, even if they have not been physically

or sexually abused themselves, they have been psychologically maltreated by the abuser. Assessment typically uncovers effects similar to those found in other maltreated children. Hearing or seeing a parent being abused on a regular basis typically produces its own posttraumatic stress symptoms. Children who witness such violence may begin to identify with the power and control displayed by the abusive parent while simultaneously feeling angry, afraid, depressed, confused, and worried about the victimized parent and about themselves.

Although many children in households where violence occurs successfully adapt their own behavior to cope with their parents' behavior, the violence they have experienced in their homes often affects them in some way for the rest of their lives.

Sibling abuse is frequently observed in homes where other forms of family violence also occur. It is not uncommon for older children to physically or sexually abuse a younger sister. Gender issues must be considered in any treatment plan.

Treating Children Exposed to Family Violence

Children who have been exposed to family violence have few resources, and their experiences and needs have received little public attention. Children who have been exposed to chronic family violence, even if they are not the primary target, can benefit from intervention; if untreated, such exposure may have long-term effects. One resource for such children appears to be shelters for battered women; shelter programs, however, reach only a very small number. Such programs usually are short-term and educational in nature; most programs attempt to help children identify and express feelings honestly

and directly, improve self-esteem, understand the dynamics of the family violence and the cycle of abuse, learn that they are not responsible for family violence, develop personal protection and safety plans, learn nonviolent techniques for conflict resolution, and focus on grief and loss issues.

When an intervention program tries to help empower children, it may create new tensions for children and family members: Children's participation in such programs should be in conjunction with their parents' involvement in a similar program for adults. At the outset of such therapy, family members should be made familiar with program goals and processes. Treatment involving children raises special concerns, especially those of confidentiality. Both parents and children must understand that private therapy sessions and group sessions are confidential.

An important component of successful programs is ongoing communication between parents and their child's therapist or group leader. Communication may include individual contacts, parenting groups, and family sessions. Such contact is particularly important when children have been ordered by the court to spend some time with the parent who has used violence against their other parent. If the abuse and harassment continues, the child may be caught unprepared, having made the hopeful assumption that the parent's abusive behavior would end with the intervention.

Identifying and Assessing Adult Survivors of Child Abuse

A significant percentage of adults seeking psychotherapy and other mental health services are adult survivors of child abuse. Psychologists have recognized and document-

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ed that inpatient and outpatient treatment programs include a substantial number of people who were abused as children.

Adults with childhood histories of abuse do not necessarily seek treatment for the effects of that abuse; rather, they often seek treatment for more general problems that may or may not be related to the abuse.

Some of the most common problems are anxiety; depression; low self-esteem; substance abuse; sleep disturbances; compulsions or phobias; dissociative disorders; impulse control disorders; experiences of revictimization; eating disorders; self-harm and mutilation behavior; suicide ideation and attempts; and relationship, marital, or sexual problems.

Many adults who were abused as children have symptoms of posttraumatic stress, but they may not associate these problems with their past abuse. Unfortunately, because the symptoms may be disconnected from their original source and because they may be different from symptoms that appear immediately following abuse, neither the client nor the therapist may recognize them as posttraumatic symptoms. Many adult survivors have received diagnoses that did not take into account their history of abuse and that made them believe their personality development was impaired. The most notable of such diagnoses is borderline personality disorder.

The long-term effects of childhood abuse are often misdiagnosed among the elderly as dementia or mental illness. Clinical experience indicates that, in elderly people, the residual effects of childhood trauma may be compounded by role changes, physiological changes, and loss of peer support. Moreover, many service providers inaccurately attribute their emotional or cognitive

disturbances to so-called normal effects of aging. The residual effects of unresolved trauma may appear in the form of chronic depression and revictimization (elder abuse), and, like younger adults, elders may be mislabeled as borderline or narcissistic, manic-depressive, antisocial, schizophrenic, or demented. Such errors on the part of professional service providers undermines elders' ability to function independently and receive appropriate help.

When an adult with a broad range of symptoms seeks therapy, a comprehensive assessment is recommended, sometimes including medical examinations. Such assessments should include a clinical interview, a psychosocial history (including direct questions about past and present family violence, child abuse, and other family and personal trauma), a mental status examination, and psychological testing (as needed). A medical examination may be necessary to evaluate physiological functions. In the past, most medical and many psychological assessments did not include direct questions about abuse, trauma, and family violence. Most adult survivors will not spontaneously disclose such information without direct inquiry. Medical and mental health professionals must collaborate to provide adequate services to adult survivors of child abuse, particularly child sexual abuse, when adult sexual functioning may also have been disturbed.

Adult survivors may disclose a history of abuse if questions about abuse and family violence are included in the clinical assessments, but they may also withhold that information initially and disclose it during therapy after they feel safe and ready. Adult survivors may choose not to disclose the information for a number of reasons:

- The individual may not have labeled the behavior as abusive or otherwise problematic.
- The client may not trust the person performing the assessment enough to disclose the information.
- The client may not consciously recall the abuse.

Absent or delayed memories about the abuse may be caused by dissociative amnesia—a protective defense against the ongoing trauma of chronic family violence. Because of the possibility of such delayed disclosure, assessment should occur throughout the treatment process, and therapists working with adult survivors should be aware of posttraumatic and dissociative symptoms and the effects they may have on the course of treatment.

Treating Adult Survivors

Child abuse is traumatic, and its symptoms usually cannot be treated effectively unless the original trauma is also addressed. Although not all survivors of child abuse exhibit the full symptoms of PTSD, nearly all can benefit from therapy designed to combat the long-term effects of trauma.

Therapy for adults who experienced abuse as children has evolved over the last decade. Such treatment is most often based on trauma theory but also may include other models. Such therapy must be inherently flexible because adults abused as children have a wide range of reactions that require individualized treatment.

Therapy for adults abused as children involves assessment, goal-setting, and treatment planning. Clients are taught about the nature of child abuse and encouraged to think through its implications. The client learns to

identify symptoms from the abuse and control them and learns to recognize and develop personal and emotional safety. The client may be encouraged to reconstruct the abusive events and recognize and resolve the issues that arise from them and any other events. The client addresses the way in which the past abuse affects the present, including relationship and lifestyle concerns, intimacy and sexuality issues, and vocational adjustment.

Individuals who experienced severe childhood abuse typically need long-term outpatient psychotherapy; such sustained therapy may not be available, however, because of financial limitations or because of managed care restrictions that support short-term treatment only. Although inpatient treatment is sometimes needed (abused individuals make up an estimated 60% to 70% of inpatients), most therapy for the aftereffects of childhood abuse occurs in outpatient settings. Survivors of child abuse may experience abuse in their adult relationships—being battered by their partners or sexually abused and exploited in other situations. Psychotherapy usually occurs one or two times a week in individual sessions. It is sometimes supplemented by therapy in group, couples, or family sessions.

Understanding Issues about Memory

Patients with PTSD often experience intrusive memories. The memories may include all of their past trauma, or pieces of the events. Although psychologists cannot always tell whether these memories are accurate or influenced by other factors, the emotions expressed are real to the client and must be dealt with by the therapist. Furthermore, the client must learn to integrate the memories and emotions so that the trauma no longer

intrudes spontaneously on consciousness. Without that integration, the memories (whether accurately or inaccurately recollected) will continue to affect the client's life. It is not necessary for the psychotherapist to check with other people about the accuracy of the client's memory in order to provide psychotherapy or other helpful psychotherapeutic interventions.

Sexual abuse victims may forget about their abuse only to remember it later; researchers cannot yet explain the mechanism for this phenomenon. Many professionals and laypersons question the accuracy of memories of past abuse, particularly of childhood incest memories in adults who previously had no memory or whose memory returned after a delay. APA formed the Working Group on the Investigation of Memories of Child Sexual Abuse to review relevant literature and report on this controversy as it applies to clinical practice, research, and forensic issues. In November 1994, the working group made the following interim conclusions:

- Controversies over adult recollections should not be allowed to obscure the fact that child sexual abuse is a complex and pervasive problem in America and has historically gone unacknowledged.
- Most people who were sexually abused as children remember all or part of what happened to them.
- However, it is possible for long-forgotten memories of abuse to be remembered. The mechanisms by which such delayed recall occurs are not currently understood.
- It is also possible to construct convincing pseudo-memories for events that never

occurred. The mechanisms by which these pseudo-memories occur are not currently well understood.

- We do not fully understand the processes that lead to accurate and inaccurate recollections of childhood abuse.

The APA Board of Directors, in approving the release of the working group's interim statement, offered some additional guidance for the public and profession on this issue:

- There is no single set of symptoms that automatically means that a person was a victim of childhood abuse.
- All therapists must approach questions of childhood abuse from a neutral position.
- The public should be wary of two kinds of therapists: those who offer instant childhood abuse diagnoses, and those who dismiss claims or reports of sexual abuse without exploration.
- When seeking psychotherapy, the public is advised to see a licensed practitioner with training and experience in the issues for which treatment is sought.

Sensationalized media coverage not only has fueled the controversy over delayed memories, but also has served to obscure the complexity of the issues and has given credence to those who blame recovered memory exclusively on the exaggerated influence of therapists and flawed therapy techniques (including direct suggestion and implanting of memories). This latter criticism has been leveled without substantiating evidence; nevertheless, it has been used to support lawsuits against therapists and legislative initiatives that limit therapists' ability to treat individuals who report abuse after a delay.

Responding to the introduction of such bills in state legislatures, in February 1995, the APA Council of Representatives passed a resolution stating that APA "is opposed to the enactment of legislation that, while seeming to protect the consumer, actually creates a bureaucracy and unnecessary barriers that interfere with consumer access to mental health services and fails to protect consumers."

Therapists working with adult survivors need to be especially attentive to controversies in this area and to legal and ethical aspects of their work in areas of family violence.

Assessing Survivors of Organized Sadistic Abuse

Determining whether a child or adult has been the victim of organized sadistic abuse is quite controversial and difficult. At the present time, specific assessment techniques are not available to clearly evaluate the likelihood of such childhood abuse. In cases of organized sadistic abuse, a psychological evaluation of symptoms to establish treatment goals often will reveal a substantial number of severe symptoms. Often an assessment of dissociative episodes or disorders is important in these cases. The extent of the symptoms and the horrific nature of specific acts of abuse that may be reported make it difficult for professionals to believe that such behavior could take place without detection. However, the concepts of child abuse and woman abuse were greeted with equal skepticism before scientific study in recent decades definitively established their existence and prevalence. Psychologists must keep an open mind to the possibility that such bizarre stories of abuse, even if related by severely disturbed clients, may indeed be true.

Treating Survivors of Organized Sadistic Abuse

Victims reporting sadistic abuse may be treated with therapies similar to those used for other victims of severe child abuse.

Victims of severe child abuse and sadistic abuse experience similar mechanisms and manifestations of trauma; the extreme nature of organized sadistic abuse, however, may result in more extreme symptoms requiring specialized techniques or a longer process of treatment at each stage. The goals of treatment, however, are the same: to establish safety and relieve symptoms; to reconstruct the life history without retraumatizing the person; and to achieve the ultimate goals of all therapy (rehabilitation, self-understanding, empowerment, and personal change). The client may need to be taught the nature of normal development and the ways it can be interrupted and go through a process of ego-boosting to increase skill levels and independence before gaining sufficient trust and autonomy in therapy to disclose severe abuse. Because the process of treatment is long and complex, a team approach may be necessary to provide the range of treatment needed and to guard against caregiver burnout and secondary PTSD.

Assessing Elder Abuse

The field of gerontology has expanded to include new techniques for working with abused older adults as well as with the "older old" (usually defined as 80 years and older). Psychological tests are available that measure mental abilities and emotional response and help to identify changes commonly associated with aging as well as deterioration related to neuropsychological processes.

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Direct questions about abuse, and particularly about sexual abuse in childhood, must be handled carefully: Many older women and men need considerable support before they feel comfortable discussing such issues, especially if they have never discussed them before. However, as the public becomes more aware of such issues and as more survivors step forward, some older adults may be quite willing to discuss their own experiences.

Older adults who are dependent on a family caretaker may also have difficulty disclosing past or current abuse. Interviews must be conducted in private so that the adult child or other caretaker is not present and cannot retaliate against the victim.

Intervening in Elder Abuse

Interventions for elder abuse victims fall into three categories: protective services, treatment, and support services. Because elders are adults with rights of self-determination, intervention services attempt to require minimal restrictions and maximum environmental and legal protection.

Protective Services for Elders

The elder abuse statutes in most states name the public adult protective service agency or another public agency as the lead agency in providing protective services. These services include establishing and maintaining a central registry system, investigating cases of maltreatment, substantiating reports, providing emergency services, evaluating victims, preparing legal procedures if needed, referring cases to treatment and rehabilitation agencies or other agencies including law enforcement, and removing the victim or perpetrator from the home if necessary.

Treating Elder Victims of Abuse

Most major hospitals and medical centers across the country have some type of program to diagnose and treat problems related to abuse and neglect of the elderly. Typically, these are multidisciplinary teams that include professionals who treat both the physical and psychological effects of elder abuse. Therapy for elder abuse victims is similar to that for other adult victims of abuse described earlier. The important components of treatment are ensuring safety and empowering the victim. When the abuser is the victim's own child, the victim may need additional cognitive-behavioral and family therapy techniques to deal with trust and betrayal issues and ongoing dependency and separation issues.

Support Services for Elders

Support services for elders vary by state but may include guardianship programs, legal advocacy, financial planning help, self-help groups, respite care, foster care, group homes, transportation, and socialization services. These services, used in conjunction with treatment, can help the victim become less isolated socially and can help improve self-esteem.

Chapter 7: Key Points

- Family violence takes many forms; consequently, intervention and treatment efforts must be customized to meet individual needs.
- Families with the greatest need often do not have access to intervention and treatment services.
- Psychologists have developed new models for intervention and treatment for each

kind of violence and for families in which multiple forms of abuse and trauma occur.

- Recent treatment techniques emphasize the strengths that victims have developed to cope with abuse and maltreatment.

- Plans for effective treatment programs must address:

- The level of training requirements for counselors or therapists
- The gender of the treatment provider and the victim
- Confidentiality issues, especially in light of mandatory reporting issues
- Guidelines or operating protocols to be used in treating various types of abuse victims
- Assessment techniques and strategies for determining the likelihood that abuse has occurred, and assessment measures for evaluating the effects and symptoms of abuse
- Recordkeeping issues, especially because records may be subpoenaed and turned over to the court

- Interventions for battered women often have been designed by community-based battered women's shelters and advocacy groups, sometimes with the collaboration of psychologists.

- Tension exists between advocates for social changes for battered women and those who provide remediation and treatment services.

- When interventions for abused children occur, the most common is to remove them from their homes and place them in other environments and, eventually, in foster care.

This is not always a useful strategy and may not even be safe.

- Little public attention is paid to the plight of children who are exposed to family violence, and few intervention or treatment resources exist to meet their needs.

- Survivors of child abuse make up a large percentage of adults seeking psychotherapy and other mental health treatment.

- In their adult relationships, survivors of child abuse frequently are battered by their partners and exploited by other adults in positions of trust.

- Resolving the symptoms in adult survivors of child abuse may require treatment that deals with the original trauma as well as its aftereffects.

- People who have been severely traumatized through childhood abuse may need inpatient or long-term outpatient psychotherapy, which may not be available because of financial limitations.

- Intervention services for victims of elder abuse or neglect are based on the principle of invoking the least restrictive alternative in determining environmental and legal protections.

Intervening Effectively with Perpetrators

► **Psychological intervention with those who perpetrate violence against family members has three general goals:**

- To begin helping the abuser change behavior and immediately stop further abuse
- To address underlying personal issues, attitudes, behavior patterns, and psychological characteristics that influence the abuser's likelihood of committing future acts of abuse
- To protect the victim by helping to change any factors in the situation of the abuser and victim that facilitate the abuse

Such intervention and treatment ultimately can help change society's views about family violence. It can teach abusers and their families, friends, and acquaintances that violence and intimidation are not acceptable ways to coerce their children, partners, or elder family members to comply with their wishes.

Abusers are rarely motivated to seek interventions, including therapy, voluntarily; for this reason, the legal system has been a powerful instrument in moving abusers into treatment and motivating them to work at changing their behavior. Punishment (incarceration, fines, or required community service) is generally not sufficient by itself to bring about permanent change in the abuser's behavior. Also needed are treatment and rehabilitation programs that attempt to protect the victim, stop the violent behavior immediately and prevent further abuse, and change the abuser's attitudes. Such programs should be based on psychological theory and should be administered by trained mental health providers who maintain a therapeutic perspective.

Even when abusers are motivated to seek help, they have difficulty getting into good treatment programs. Perhaps even more so than victims, men who batter women and children are rarely able to find adequate treatment

because of limited services available and because of financial constraints. Few community-based therapy programs provide specially trained therapists who work with perpetrators. Independent practitioners who offer offender-specific¹ treatment sometimes fill the gap in urban areas but rarely are available in rural areas. Many perpetrator treatment programs lack a psychological component; as a result, abusers who also have mental health problems are unable to receive adequate care.

Perpetrators are a demographically varied group, and communities need more than one type of treatment program to meet their needs. Currently, by legislative mandate in some communities and by untested "belief" in others, only one type of intervention, such as

¹Offender-specific treatment is the term used to describe psychotherapy for offenders that deals directly with the psychosocial context within which abuse occurs as well as with more general mental health issues. Attention is paid to the victim's safety by holding the abusers accountable for violent behavior.

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short-term, psychoeducational counseling, is mandated by the courts for the treatment of perpetrators. Although mandatory counseling may be an important component of a community-wide initiative to stop family violence, it is important to provide a variety of programs.

Priority Issues in Intervention with Abusers

Interventions with perpetrators of family violence must take into account the likelihood of multiple forms of abuse: As many as 40% to 60% of men who abuse women also abuse children. To understand the similarities and to design appropriate interventions, abused children and abused women need to be studied together. Furthermore, when one type of violence against a family member occurs, it is important to look for and try to prevent violence against other family members.

Intervention programs must take into account possible intergenerational patterns of violence: In many cases, the abuser also has been a victim of abuse. Some victims of abuse may abuse their children. Children who have been abused themselves are at risk to abuse their parents and grandparents.

Gender differences exist in rates and patterns of abuse and must also be taken into account in setting intervention priorities and choosing intervention strategies.

Despite the contention by some researchers that women are as violent as men, clinical studies show that men more frequently are the abusers and that women more frequently are the victims of violence in the family. This finding is consistent with statistics on who is arrested for domestic violence incidents. The same gender-associated pattern is seen when abuse begets abuse: Abused boys and men more often resort to physical and sexual abuse

of other children, youth, and adults than do abused girls and women.

A critical task in intervention is teaching parents alternatives to physical punishment as a disciplinary strategy. Children who receive harsh and repeated physical punishment by parents are more likely than other children to show aggressive behavior; as the children grow up, they are more likely to use similar physical punishment to control their own children's behavior.

Parental intervention programs can successfully train parents to be more positive in their interactions with their children and can teach alternative child management techniques to break the generational cycle of violence. Such programs can also help change parents' acceptance of physical punishment as a necessary or appropriate disciplinary technique.

The child abuse rate among parents who believe in physical punishment may be as high as four times that of parents who indicate they do not approve of physical punishment. Even parents who do not believe in physical punishment sometimes hit their children, yet research suggests that parents who believe in physical punishment hit their children more often and go beyond ordinary spankings more often than do parents who say they do not approve of physical punishment.

The relationship between violence in the family and violence in other community settings suggests that interventions be extended outside the family setting wherever possible. One cause of violence in the workplace, for instance, is the stalking and continued harassment of battered women by their abusers. Violence in the schools often is committed by

children who have been abused in their homes. Drug use and criminal behavior also have a strong relationship to family violence. Interventions in family violence have strong implications for prevention in the family's community.

Batterers²: Assessment Issues

Assessment of batterers should meet several goals that help victim and perpetrator. The most urgent concern is the risk of additional acts of violence. After the victim's immediate safety is ensured, the assessment should include a comprehensive evaluation of the batterer's psychological, neuropsychological, and psychosocial characteristics to determine the appropriate intervention. Based on this assessment, treatment programs can be selected and treatment goals established.

A comprehensive assessment includes:

- At least one clinical interview, which is different from the interview conducted for legal purposes
- A thorough psychosocial history
- An interview with the victim, if possible
- An evaluation of prior acts of violence and maltreatment
- Evaluation of prior history of being victimized
- Evaluation of levels of aggression, including potential for lethal violence
- Evaluation of personality, psychological functioning, attitudes, interpersonal skills, and behaviors

A variety of measures and inventories are available for use in evaluation. Comparisons with psychological and social factors seen in other known abusers can give estimates of the

likelihood of someone perpetrating different forms of family violence. However, *there is no single profile of an abuser based on any test or technique.*

Assessment and evaluation should be conducted by people trained and experienced in working with abusers. Evaluators and others who are not familiar with the patterns of batterers may be manipulated and misled by them to believe they need minimal intervention. Even when batterers acknowledge their past abuse, they attempt to impress upon therapists and others that they can control any future violent and abusive behavior. However, without appropriate intervention and treatment they are usually not effective in controlling their own behavior. Reeducation, resocialization, and external controls (imposed by the legal system, for example, or by a psychotherapist who helps a client set up behavioral contracts as supports for self-control efforts) may help them succeed in their declared intent not to be violent.

Most current treatment programs for batterers take a criminal-justice, psychoeducational approach based on deterrence and punishment and do not include a comprehensive psychological evaluation. Unless underlying psychological issues are addressed, an abuser is less able to maintain long-term behavior change. Some perpetrators

² Although the task force reviewed information available about treatment programs for women offenders who battered either male or female partners or for men who battered their male partners, most information about offender-specific treatment deals with male batterers who abuse female partners. Therefore, unless information was available about both male and female abusers, the comments in this section refer to men who batter their female partners.

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who go through criminal-justice type psychoeducational programs may learn how to "talk the talk" but really may not change their attitudes or behaviors.

Assessment of Male Batterers

Men who batter women can be grouped in three main categories (with some overlap):

■ **"Typical batterers."** Batterers in this category, which comprises an estimated 50% or more of all batterers, use violence to meet needs for power and control over others. Their actions are often fueled by stereotypical sex-role expectations for "their" women, and they have poor conflict resolution and anger management skills. The use of violence and abuse by such men is sporadic and often occurs in a cycle that begins and ends with affectionate and nurturing behavior. These batterers are often difficult to identify because of manipulative behavior that includes lying, denying that the abuse occurs, or minimizing its importance.

■ **Batterers with a mental disorder.** These batterers are frequently the ones who receive the least treatment. Among them are men whose mental disorders lead to their violence, as well as men who have a mental disorder in addition to their violent behavior. Such men may have clinical symptoms of depression, paranoia, obsessive-compulsive disorders, and, occasionally, schizophrenia that may be obscured by their violence and sometimes by substance abuse. Although these batterers should be held accountable for their violence and not excused because of their mental illness, they should also receive proper mental health treatment as well as interventions specifically intended to stop their violent behavior. Proper mental health treatment includes dealing directly with the mental ill-

ness through psychotherapy and, when warranted, medication. Careful psychological assessment is the best way to identify members of this group.

■ **Batterers who also commit criminal violence outside the family.** Research suggests that this group accounts for approximately 15% to 20% of known batterers. Although some may themselves have been abused, often as young children, they usually meet the diagnostic criteria for antisocial personality disorder. Such men are not good candidates for psychotherapy or other rehabilitation efforts outside of prison. Only a thorough psychological assessment and psychosocial history can determine whether a batterer fits into this category.

• Not all professionals who study family violence view these categories as the best way to describe batterers. Some experts view the different patterns seen among batterers as points on a continuum, along which batterers demonstrate different degrees of violence and abusiveness toward different groups of people.

When determining the type of treatment and intervention to stop a batterer's violence and prevent its recurrence, identifying a batterer's behavior by category is helpful. At the same time, identifying a batterer by type or category cannot predict the level of seriousness or the potential for escalation of the violence.

Assessment of Female Batterers

Women who are known to use violence within the family can be grouped into five categories:

■ **Women who act in self-defense.** This is the largest group of women who abuse family

members. They typically commit violent acts to defend themselves against a current or anticipated act of violence by a partner, parent, or caretaker.

■ **Women who have mental disorders.** This group of women includes some women who are known child abusers. They themselves may have been abused as children, possibly in adulthood as well. Often such a woman's serious mental illness will be misdiagnosed or undiagnosed; thus she may fail to receive treatment for the underlying mental problem.

■ **Women who commit criminal violence outside the family.** These women's criminal acts inside and outside the family are connected to antisocial behavior and attitudes, not only to defensive strategies. These women, like their male counterparts, have often been victims of abuse.

■ **Female abusers who learned in their families of origin to react to frustration with violent explosions.** Although such explosions may result in reports to police or social services, the acts differ from other violent encounters within the family because such women are usually not using a strategy to exert power and control, even though their behavior may strongly affect those around them.

■ **Women who strike their partners first in response to the extreme control, psychological abuse, or anticipation of being hit.** Studies indicate a woman's violent act may become the partner's rationale for inflicting a serious beating. This pattern appears to be different from self-defense, and it usually results in much greater injury to the woman than to her partner.

Some researchers have suggested that women use lesser forms of violence against

men (such as slapping or hitting) more often than is reported by clinicians and battered women's advocates. The reasons for such discrepancies in figures are not clearly understood. Some researchers and advocates suggest that gender plays a role in what men and women report when asked about violence, which in turn may account for the difference between women's and men's rates of abuse. For example, men appear to be more likely to tell researchers about only their own or their partner's intentional acts of violence that result in physical harm (for example, they might report a burn or cut they deliberately delivered or received during a fight but might not report their own or their partner's shoving, throwing objects that inflicted no bodily damage, or threats) whereas women are more likely to report any aggressive act on their own or their partner's part, whatever the intention or consequences. More research is needed for greater understanding.

Other Special Issues in Assessment

Certain neurological and metabolic illnesses may cause some people with no history of abuse to begin to use violence. Some disorders, including neurological problems such as demyelination or organic brain dysfunction as well as hormonal and endocrine disorders, may precipitate violent and aggressive behavior both in people who have never been aggressive before and in people who routinely have used violence for power and control. A complete medical history and exam or neurological evaluation is advisable if there is some reason to believe a person's violence may be in part related to a medical or neurological disorder.

Clinicians and family members frequently report that some adolescents and young

adults diagnosed with schizophrenia become violent with members of their families. Researchers do not have data to back up the clinical observations or to suggest how many schizophrenic youth have episodes of violence, but reports of such violence beginning in adolescence or young adulthood are not surprising, because a common type of schizophrenia typically begins at this age. Sometimes use of street drugs occurs simultaneously, especially when a youth without previous mental health problems begins to feel uncontrollable changes in thinking and feelings. Early diagnosis and sustained treatment are essential if young people with schizophrenia are to be prevented from behaving violently toward family members.

Batterers: Treatment Issues

Offender-specific interventions, including psychoeducational programs and psychotherapy, are the most common interventions used to help batterers stop their violence and change their behavior. Most batterers can benefit from the offender-specific cognitive-behavioral and psychoeducational programs; traditional psychotherapy that has been modified to deal specifically with stopping violent behavior is also useful. Other interventions include electronic monitoring or incarceration for offenders who do not stop their harassment, stalking, and other violent behavior. Concurrent treatment for drug and alcohol abuse and parenting education are also recommended interventions in appropriate cases.

The offender-specific treatment approach most commonly used today has been developed from the punishment and deterrence model used in the criminal justice system. Based on the assumption that batter-

ers are violent because no one stops them, this approach advocates early, swift, and certain punishment (such as arrest and prosecution for a first offense) to intensify the negative consequences of violence and thereby make violence less attractive as a behavioral choice. Some people who believe in this approach suggest that it deters other perpetrators through example, but there are no data to support this view.

Many jurisdictions currently make it their policy to arrest all batterers at the first known offense, based on studies that seemed to show that arrest was the best means to reduce a woman's immediate danger. New studies, however, suggest that in some cases, particularly for batterers who are unemployed, arrest is not a deterrent but may increase serious violence. The limited research findings that are available recommend a combination of arrest, at least one night in jail, prosecution, and court-ordered and monitored offender-specific treatment as the most successful approach. It should also be noted, however, that most treatment programs for abusers have received no comprehensive evaluation to determine their effects on short-term or long-term behavior.

Convicted batterers are often ordered into group treatment by the court as a condition of probation or deferred judgment, and their attendance is monitored by the court. According to the policies of many local justice systems, the original jail sentence is to be imposed if the offender fails to attend treatment and does not stop the violent behavior. However, few systems actually send such recalcitrant batterers to jail: Caseloads are too large to manage well, so monitoring and follow-up are often uneven. In addition, judges typically do not like to jail White, male, mid-

dle- and upper-class batterers—men whose economic contribution to society is readily apparent. These judges are particularly reluctant to jail offenders who complain about the subsequent economic hardship on the rest of the family. Even when monitoring is legally required, few jurisdictions have the funding or capability to make it operational; therefore, it does not work.

► Court-ordered programs, in general, are designed to accomplish the following goals:

- Get the abuser's attention and bring an immediate halt to the abuse
- Define negative behaviors
- Create hope for change
- Identify obsessions and other dysfunctional thinking
- Improve self-esteem, communication skills, and assertiveness
- Reduce depression, stress, anxiety, shame, and anger
- Teach the underlying psychology of abuse
- Build skills to stop abusers' stalking behaviors or other types of intimidation
- Encourage accepting responsibility for one's own behavior
- Prepare abusers to take part in long-term therapy for other unresolved personality issues
- Teach relapse prevention skills

The criminal justice model of offender-specific treatment is based on the assumption that most batterers are normal people who abuse only because they have been oversocialized in the traditional male role so that they believe they are entitled to a woman's services and entitled to control the women or children in their lives. When these men perceive threats to their presumed entitlement, this theory posits, they may use violence or intimidation to exert their power and control.

Studies of the efficacy of short-term intervention programs for batterers indicate that few batterers complete a program and stop all their abuse permanently. Studies of 6- to 12-week psychoeducational programs showed that these programs helped some batterers stop their immediate physical violence but were inadequate in helping many maintain their gains. In fact, some offenders reportedly became even more sophisticated in their psychological abuse and intimidation after attending such programs.

Offender-specific treatments that are not psychotherapy and that focus entirely on the perpetrator are of three types:

- **Psychoeducational programs.** Typically, these are 6- to 12-week programs that emphasize resocialization in new male and female roles. Many of these programs stress that men are not entitled to dominate and must share power and control with women. Such programs may reduce batterers' use of physical abuse while they attend the program, but evaluations suggest that as many as 75% of the batterer participants continue their psychological abuse. On a longer-term basis, the programs show some positive results in changing the way men talk about sex roles, but they are less successful in changing feelings, attitudes toward women, or behavior.

■ **Skill deficit/conflict resolution programs.** These programs are based on the belief that batterers have limited conflict resolution skills and that they can be taught these skills. However, many batterers do possess a variety of conflict resolution skills but choose not to use them when they become very angry. These programs may use a cognitive-behavioral model that is similar to a specific theoretical model of psychotherapy. A common criticism of skill deficit programs is that many batterers do not receive all the help they need because they manipulate the leader or therapist.

■ **Anger management programs.** These programs are frequently combined with resocialization and skill deficit models. They concentrate on helping batterers identify at an early stage emotions (such as irritation and frustration) that may turn into anger. Batterers then are taught to control angry feelings and to curb their violent responses to these feelings. Anger management is considered an important and necessary component of any intervention program, but it is not sufficient as a single treatment because of the complex nature of family violence.

In contrast to other offender-specific treatments, a long-term psychotherapy approach tries to reach the underlying causes of violent behavior to help abusers maintain changes in behavior and become nonviolent. This mental health approach assumes that batterers will not stop their violence of their own accord because of their learned behavior and personality characteristics, which may include serious mental health problems. The goals of psychotherapy are, first, to stop the batterer's violent behavior; then, to help him or her understand the dysfunctional thinking patterns that underlie its use; and, finally, to prevent future violence in interpersonal relationships.

Psychotherapy for batterers may derive from a number of theoretical perspectives, modified to respond to family violence:

■ **Cognitive behavioral treatment.** Based on learning theory, the cognitive behavioral approach suggests that initial change is best achieved by changing how a person thinks about behavior and interprets specific events. If enough changes are made in the meanings ascribed to events and series of events, changes in both feelings and behavior will follow. This approach is a cornerstone of most treatment methods to help batterers change behavior, attitudes, and thinking.

■ **Psychodynamic approach.** This treatment strategy focuses on personality disorders, unresolved internal conflicts, failures in appropriate developmental attachments, obsessive-compulsive behaviors, impulse control disorders, distorted thinking, irrational fears, and psychosexual conflicts that may be at the root of the battering. Concentrating on the perpetrators' feelings and how they may facilitate the sense of entitlement to use violence, a psychodynamic approach may be useful to those who have an insight orientation. Some programs are based on both behavioral and psychodynamic theory, because many people believe that without insight into behavior, the perpetrator will not be able to generalize to other situations. However, people who work with offenders report that many of the batterers they treat lack insight and empathy for victims, making an insight-oriented approach difficult to implement.

■ **Modified family systems.** The traditional family systems approach emphasizes the role each member of the family system plays in allowing the system to function. Because, in theory, these different roles all work together to maintain the system as it is, treatment

focuses on the interaction among the parties as a way to bring about behavioral change.

This approach has been quite controversial as a means of treating batterers, because traditional family systems theories place some blame on the victims for their own abuse by indicating equal responsibility among family members for the breakdown. In recent years, however, some family therapists report using a modified family systems approach, developed specifically for treating family violence when the battered partner chooses to remain in the relationship. This modified approach does focus on the abuse and intimidation, holds the batterer responsible for the abusive behavior, and also uses many of the techniques of other approaches. Although the batterer and the partner work on various aspects of their behaviors and interactions together in treatment, the emphasis is on the offender stopping the violence and intimidation and changing his attitudes and behaviors, and then on each partner evaluating his or her own issues and changing to improve the relationship.

Family therapists who use this approach must be well trained both in the modified family systems approach and in violence issues. The most common areas of training are family-based solution-oriented therapy, cognitive behavioral family therapy, and an eclectic approach to family therapy. The family systems approach remains controversial; many professionals who work with battered women recommend against the use of this theoretical orientation until sufficient time has passed since the last-known battering incident and until the batterer has successfully completed a psychoeducational treatment program.

■ **Physiological/biological/neuropsychological approach.** A new approach that is just

receiving recognition by some researchers, the neuropsychological approach stresses biological or neuropsychological factors as they relate to battering in relationships. This approach suggests that battering in relationships is similar to other forms of human aggression, and that biological processes in the brain (i.e., neuropsychological and physiological factors) may play a role in the ways some batterers respond to stress (internal or external). Thus, brain functioning must be evaluated to determine whether impairment that is due to phenomena such as head injury, biochemical imbalances, illness, learning disabilities, or attention deficit disorder may be combining with psychosocial factors to increase violent behavior. In such cases, treatment would include medication and cognitive and neurological rehabilitation in conjunction with the other approaches.

Research data suggest that an eclectic and comprehensive combination of the theoretical perspectives probably is the most effective. Current data do not indicate that one particular theoretical approach is the best or is appropriate for all batterers. Therefore, having a variety of options for different situations and different offenders is the best recommendation.

Although many advocates believe that short-term psychoeducational programs are important to help stop physical violence immediately, recent studies suggest another promising approach: assigning different batterers to different types of short- and long-term programs, depending on their specific needs. Ideally, a community should have a number of different types of short- and long-term offender-specific treatment programs, including psychotherapy, for individuals, groups, and families.

Regardless of the theoretical approach, long-term treatment is most often necessary to stop violent behavior and to resolve underlying psychological conflicts that may give rise to the behavior. To help get batterers into long-term treatment, some states have passed legislation that authorizes the courts to order up to two years of specialized offender-specific treatment by approved treatment providers. Missing from these court-ordered programs, however, is a component in which mental health needs are identified and treatment by appropriately trained professionals is provided as necessary.

Programs for substance abuse should be made available to abusers and victims because the alcohol and other drug use is consistently related to violence in the family. Approximately 50% to 70% of abusers drink to excess, although they batter women and children both while sober and while drunk. The use of other drugs by batterers is less clear. Two separate treatment programs are warranted: one to stop the violence and another to stop the substance abuse. Although alcohol may not cause the abuse, untreated alcohol problems could undermine treatment designed to stop the violence.

Offender-specific treatment programs in the jails and prisons are crucial to protect women and children while professionals work to help change the abuser's behavior. Some batterers cannot remain in the community during treatment because they pose extreme danger to their victims. With training in the dynamics of family violence, prison psychologists could provide treatment for such offenders in federal and state institutions. At the local level, some community-based programs are beginning to offer their intervention services in the jails where most

batterers are housed while awaiting trial and while serving their typically short sentences.

Child Sexual Abuse and Incest Offenders: Assessment Issues

No test, measure, or technique can definitively determine the likelihood that a particular person may be (or become) a child sexual abuser or an incest offender. A comprehensive assessment is conducted to determine the attitudes, psychological functioning, social skills, and behaviors (including sexual) of an alleged perpetrator. A comprehensive evaluation includes:

- A clinical interview
- A psychosocial history
- A sexual history

along with assessment of:

- Attitudes toward women and men
- Social skills
- Assertiveness
- Personality
- Antisocial behavior
- Substance use and abuse
- Marital and family relationships

In addition, some assessment programs measure arousal patterns and conduct a psychosexual evaluation. Some investigators also use polygraph examinations and plethysmography (a measure of erectile responses in men) as additional techniques for obtaining information from alleged offenders.

The results of such testing alone are not considered conclusive, because many of these offenders have strong rationalization and denial defense mechanisms. In addition to these formal assessments of the alleged perpetrator, evalua-

tors may conduct separate interviews with the alleged offender and the alleged victims to gather other sources of information about the abuse. The purpose of the interviews is to elicit information about the abuse, including boundary violations, "grooming" cues (i.e., the gradual process of preparing the victim and escalating the abusive behaviors), and family dynamics.

Men who sexually abuse children often abuse adult partners as well. Assessment for child molesters must include assessment for other forms of abuse, including physical, sexual, and psychological abuse of their partners. However, not finding such abuse does not mean that the individual did not molest a child.

Assessment for legal purposes is different from assessment for treatment planning. When assessing for treatment, it is important to focus on the reported experience of the victim, but when assessing for legal purposes, it is important also to judge the reliability and validity of whether acts actually occurred. When there are discrepancies, it always is important to use every precaution to protect everyone's legal rights while also gathering a sufficient amount of information to design appropriate intervention. The safety of the child must not be compromised in an attempt to protect the legal rights of the accused perpetrator until the matter is adjudicated.

An important component of the assessment process is determining whether risk factors exist that may influence possible treatment or rehabilitation. Factors that reduce the likelihood of effective treatment for an offender include multiple victims, multiple types of sexual offenses, use of force, unstable employment history, substance abuse, poor interpersonal relationships, few nondeviant

sexual interactions, lack of acceptance of responsibility, denial of the need for treatment, inability to have interactions with victims or potential victims monitored, and unwillingness to participate in treatment. The more of these factors that are present, the less likely it is that the offender will be a good candidate for success in treatment, especially outpatient treatment.

Many incest perpetrators began their sexual deviancy when they were children or adolescents, often after being abused themselves. The earlier a perpetrator is identified, assessed, and treated, the more likely it is that the violent behavior will be stopped. Psychologists have been involved in developing effective interventions for young adolescent offenders.

Incest offenders may continue their behavior throughout adulthood and into their elderly years. In some families incest is perpetrated on children, and then the behavior ceases for a period of time only to reappear when grandchildren are present. Specific "relapse prevention"³ techniques can be taught to these families so that each member assumes some responsibility for protecting the children. This approach is controversial, but proponents argue that it permits families to remain in contact with each other while keeping the children safe.

³Relapse prevention, a term used by some incest offender treatment programs, acknowledges the offender's predilection toward sexual acts with children. It includes certain external monitors to help the perpetrator control abusive behavior. A major component of this approach is teaching the offender and others in his life to prevent private contact with unprotected children. This is similar to the Alcoholics Anonymous approach to preventing substance abuse.

Incest Offenders: Treatment Issues

Treatment of incest offenders must take into account both the intrafamilial and psychosexual aspects of incest. Incest is a way for adult family members or older siblings to meet their emotional and sexual needs at the expense of someone less powerful. The incest may be the result of inappropriate conversion of nonsexual problems and needs into sexual behavior; it also may signal the existence of a deviant sexual arousal pattern. Hence, the goals of treatment for incest offenders are to:

- Learn to control deviant arousal patterns
- Learn to resolve problems or meet needs other than through sexual behavior
- Learn appropriate family roles and boundaries
- Learn to deal with psychological dysfunctions, cognitive distortions, and inappropriate acting out

Two major goals of treatment for incest offenders is to have offenders accept responsibility for their own behavior as a perpetrator and to minimize the risk of reoffending. Treatment should also address dysfunctional patterns in the family of origin, including previous victimization of the offender, and should help the offender understand that child sexual abuse is harmful to children. Boundary issues between the offender and the victims must be addressed as well as power and control issues.

Some treatment strategies have been successfully used in treating incest offenders. Most of these treatment strategies can address sibling-to-sibling, parent-to-child or parent-figure-to-child incest. The programs typically include behavioral controls and relapse prevention (i.e., ways to avoid situa-

tions that might trigger the offending behavior). Often a combination of cognitive, affective, and behavioral techniques are used so that dysfunctional or obsessive thinking is changed at the same time the abusive behavior is stopped. Nevertheless, successful treatment should not be viewed as a cure but as a strategy that is useful in curbing inappropriate sexualization.

Although sex offenders, like batterers, are a heterogeneous group, treatment strategies have not yet been devised to address differences among perpetrators. Most therapy programs assume that all sex offenders go through similar stages in rehabilitation: denial, rationalization, egocentric grief, dealing with their own abuse (if it occurred), sex education, empathy with the victim, becoming aware of warning signs, and avoiding conditions that could lead to further abusive behavior.

Perpetrators of Nonsexual Child Maltreatment: Assessment Issues

Assessment of perpetrators of child physical or psychological maltreatment usually includes:

- Clinical interviews
- Standardized psychological tests and assessment instruments
- A comprehensive evaluation of psychological functioning, parenting skills, disciplinary techniques, and internal and external stressors
- A review of prior abuse history, if any
- Descriptions of the inappropriate behavior; describing the details of the behavior often helps the perpetrator take responsibility for it

- Assessment of the perpetrator's understanding of child developmental stages and issues; This assessment is important because many abusive parents have unrealistic ideas of normal child behavior.

Perpetrators of Nonsexual Child Maltreatment: Treatment Issues

A variety of treatment approaches are available for working with child abusers. These approaches often are classified as *perpetrator-focused* and *family-focused* interventions.

- **Perpetrator-focused treatment programs try to reverse an abusing parent's perceptions of personal inadequacy.** The abusive parent receives therapy to increase competency and self-esteem, build new skills, and reduce any symptoms of mental illness. Most treatment programs are built on traditional psychotherapeutic approaches. However, both victimization and offender issues are included in the most useful treatment approaches.

- **Family-focused interventions follow a family systems model, which typically views the family system as dysfunctional, and interventions focus on improving family functioning.** Such programs often teach skills to increase parents' understanding of child development, to improve communications within the family, to reduce the family's isolation, and to impart skills for resolving conflict in nonviolent ways. Programs that teach parenting skills, such as being more positive in interactions with a child and learning how to play with a child, are valuable in changing negative attitudes toward children.

- **Cognitive-behavioral programs emphasize reducing parent-child coercive interactions, correcting misguided understanding**

and expectations of a child by the parent, and increasing a parent's impulse control.

These programs use a variety of techniques including instruction, modeling, and behavior rehearsals to increase parents' positive interactions with their children and to teach them to give clear directions, reward compliance, and implement time-out procedures and other alternatives to physical punishment.

Treatment also includes development of problem-solving skills for child-related problems and skills for initiating effective parent-child interactions at different developmental stages. The usefulness of this approach may be limited when an abusing mother is also a victim of violence from her male partner. She may have appropriate skills but may be unable to use them because of her own fears of becoming a target of her partner's violence.

Psychodynamic perpetrator-focused interventions have not been as useful as cognitive-behavioral interventions in putting a stop to the violence, but they may have long-term positive effects in changing self-esteem and promoting positive interpersonal relationships. Sometimes psychodynamic issues underlie a parent's inability to respond to and bond with a particular child. In such cases, a psychodynamic approach to uncovering the issues and working through them can strengthen the parent-child bond.

Some perpetrators cannot process social relationship information properly. New programs have been developed to teach these perpetrators appropriate understanding of social behavior and to improve their social interaction and communication skills.

Although these programs have not yet been evaluated, the models hold promise, not only for stopping child abuse and maltreatment, but also for improving parents' quality of life in other areas.

Support groups may assist parents in not abusing their children. Groups based on the mutual assistance model, such as Parents Anonymous or Parents United, can be helpful to parents who need ongoing support not to maltreat their children. Such support groups are particularly useful for family situations in which stress and isolation increase the probability that a child will be hurt. Support groups may also provide an opportunity for perpetrators to improve social skills and to learn nonabusive discipline and nurturing techniques.

Adolescent Perpetrators: Assessment and Treatment Issues

The number of adolescents who behave violently against parents is less than the number of parents who abuse their children. Limited survey data indicate that each year about 10% of all adolescents hit their parents, resulting in an estimated 2.5 million cases of parental assault. Very few assessment techniques are specifically developed for adolescents who are violent inside their homes.

The majority of children who attack a parent are between the ages of 13 and 24, although even younger children also are inflicting injury on their parents. Researchers agree that sons are slightly more likely to be violent and abusive than daughters. Sons' rates of severe violence against a parent increase with age, whereas for daughters the rates of severe violence decline with age. This fact suggests, perhaps, that boys take advantage of the increased size and strength that comes with adolescence. A social explanation could be that the boys and girls are following cultural norms that reward aggressiveness in teenage boys but disapprove of the use of violence by teenage girls.

According to recent research, mothers are more likely to be victims of their children's violence, but fathers are the more likely victims of older male children. As boys grow older, they are somewhat less likely to hit their mothers and more likely to hit their fathers. White boys are more likely to attack their mothers than are African Americans; there are no racial differences in assaults on fathers.

Clinical observations of adolescents who had abused a parent found that most families had some disturbance in the authority structure within the family. Typically, the offending adolescents had been granted too much control, and the abused parents had turned over their decision-making authority to their children. This tremendous responsibility on the shoulders of young, immature children seemed to generate extreme frustration. The physical attacks on the parent were often an attempt by the adolescents either to control the family or to punish the parents for placing them in the decision-making role. Many of the abusive children had poor self-concepts; whenever they were challenged or made to feel insecure, they became anxious, and the result was often a violent episode toward parents or siblings.

Research data also appear to indicate that the rates of parent abuse are related to the frequency of other forms of family violence in the home. The more violence children experience or witness, the more likely they are to strike out at a parent. These findings are consistent with the theory that families who view violence as a legitimate way to resolve conflict run a greater risk of experiencing all forms of family violence, including parent abuse. Adolescents have been found to be the most likely to use violence toward their

parents if the adolescents have friends who assault parents; if they approve of delinquency, including violence; if they perceive the possibility of being arrested as low, and if they are weakly attached to their parents.

Although a number of treatment approaches have been successful with adolescents who physically and sexually abuse other youth and adults outside the family, very few treatment approaches exist that deal specifically with intrafamily abuse by a child. Youth who learn to use aggressive behavior to protect themselves may need to be in a safe place before their ability to defend themselves is taken away. Treatment approaches should parallel the combination of offender-specific treatment and modified mental health therapy approaches discussed for adult batterers. In addition, in the case where the child or adolescent perpetrator has also been a victim of family violence, attention must be paid to the deficits that these young people experience due to developmental interruption caused by the family violence.

Perpetrators of Elder Abuse: Assessment Issues

Assessment of people who abuse or maltreat an elderly family member has rarely been conducted. Few assessment techniques or instruments focus specifically on the needs or functioning of these perpetrators. In lieu of such specific assessment tools, evaluations of psychological, social, and family functioning, in conjunction with clinical interviews, are recommended.

Perpetrators of Elder Abuse: Treatment Issues

Appropriate interventions for abusers of the elderly will vary depending on the circumstances surrounding the abuse. Older women who never dealt with the sexual abuse

they experienced as a child may need special intervention. Since many cases of elder abuse are instances of partner abuse, some abusers require treatment as batterers. Abusers in other relationships to the elder victim (such as children or siblings) may require such interventions as linkage with existing resources (support groups, respite care, treatment for substance abuse, etc.), education about care for the elderly, psychotherapy to resolve dependency issues and denial of the abuse, and behavioral techniques for anger control similar to those described in the section on batterers.

Chapter 8: Key Points

- Treatment of people who perpetrate family violence is essential, not only to end current violent behavior but to prevent future violence by the abuser.
- A variety of methods are used to assess and treat perpetrators of family violence, depending upon the clinician's theoretical orientation. Researchers have not yet concluded that any approach is significantly more effective than others, assuming equivalent training of the providers and a comprehensive treatment strategy.
- Most treatment programs include some type of cognitive-behavioral psychotherapy techniques, although the specifics vary with the types of abuse for which the perpetrator is being treated.
- No specific profiles exist of those who perpetrate family violence, because they are a heterogeneous group. However, the perpetrator's misuse of power, control, and authority is common to all types of family violence. Therefore, treatment must address this behavior, as well as the perpetrator's attitudes and perceptions that support it. □

Family Violence, Psychology, and the Law

► **In cases of family violence or abuse, psychology and the law inevitably will intersect.** Because family violence involves complex emotional and personal issues, the intersection of psychology and the law raises many complicated legal and professional issues.

Many victims of family violence, as well as their abusers, will eventually have some contact with the legal system. Whether it is for a divorce, juvenile delinquency, a civil lawsuit for personal injury, or criminal charges for domestic violence, most victims and many offenders will have their first encounter with the legal system because of family violence.

Psychologists who work with abuse victims or offenders will also have contact with the legal system, in one or more of the following areas:

- Regulation of clinical practice, through laws such as mandatory reporting and recordkeeping
- Regulation of research practices by institutional review and informed consent procedures
- Federal and state laws governing the practice of psychology
- Forensic consultation
- Expert witness testimony
- Clinical reports involving psychological assessment and evaluation
- Subpoenas regarding clinical treatment
- Preparation of friend-of-the-court (Amicus) briefs to provide psychological information to appellate courts

The laws dealing with family violence have changed dramatically in the last 20 years. In the past, family violence had a low priority in the legal system. The home was regarded as a private domain, and family matters usually were not subject to public or legal scrutiny. Today, the courts deal with criminal charges and civil motions in a variety of child and adult abuse cases. Restraining orders are often issued routinely, and some courts may even order and monitor some form of treatment for offenders. Such treatment programs should be grounded in current psychological theory and provided by trained therapists.

Within the legal system, psychologists may perform a number of functions:

- They may work as consultants to attorneys or the court, providing scientific information about human behavior to help answer legal questions.
- They may be asked to give expert witness testimony, presenting informed opinions based on behavioral and social science research and clinical data.
- Clinical, school, and counseling psychologists may perform psychological evaluations or testing to provide more information about a particular individual or family at the request of the court or one or both sides of a case. The findings may be

presented as an oral or written report or in expert witness testimony in deposition or to the court during a trial.

- Psychologists who are treating clients may be asked or even ordered by subpoena to testify about a particular client. In cases of suspected child abuse or maltreatment, most laws regarding the client's privileged communication and the therapist's required confidentiality do not apply, and the therapist can be ordered to disclose information without the client's permission.

Laws governing testimony vary from state to state; psychologists dealing with family violence must be familiar with local laws regarding what is admissible in court as evidence.

Priority Issues at the Intersection of Psychology and Law

Psychology and the law search for truth in different ways. Psychologists use inductive, scientific methodology to understand truth: They prove or disprove a hypothesis with empirical methods. Legal professionals use deductive reasoning: They take two hypotheses—the best version of each side of the dispute—and use reason and evidence to try to prove which one is closest to the truth. These techniques should be used to complement each other to find the most reliable and valid answers to legal questions about human behavior.

Cross-disciplinary training and cooperation between law and psychology is an essential element of efforts to reduce the impact of family violence on society, but neither profession has until recently been trained to work cooperatively with the other. Lawyers, judges, and others in the justice sys-

tem frequently are not trained in the psychology of family violence and abuse. Similarly, many psychologists who deal with family violence are unfamiliar with relevant legal perspectives.

Families harmed by abuse may be further damaged by race, class, and gender bias and other inequities in the application of the law. Even when laws dealing with family violence are adequate, their proper implementation is often hampered by inadequately trained staff and limited resources. Many families in which abuse has occurred do not receive appropriate services or treatment because investigators have not thoroughly assessed their needs. Families living in poverty are often unable to access other social services that should accompany a course of recommended treatment.

Furthermore, racial inequities abound in the application of the law. For example, racial bias may influence a court's decision to imprison a perpetrator of child sexual abuse rather than to order treatment: A White defendant is twice as likely to be diverted to treatment as an African American defendant, and the difference is greatest when both defendants have a history of prior charges. Although treatment may not be appropriate for those who have committed sex crimes over a period of time, judgments to order treatment must be based on the individual's potential to respond to rehabilitation, not on arbitrary biases.

Although an important function of the legal system is to redress the wrongs done to victims, many victims of partner abuse feel as if they are being victimized again when they encounter the legal system. Victims,

who often have had no prior encounters with the law, may not understand the workings of the court system and may feel that it cannot help them or their families. In some court systems, victim advocates help victims understand how to use the courts to meet their needs.

In response to issues affecting victims of family violence, the laws dealing with family matters—particularly financial agreements, custody, and visitation issues in divorce cases—have been slowly modified, and a national movement has developed to address the needs of victims. Nonetheless, state courts are not consistent in their attention to the dangers inherent in custody and visitation arrangements when battering or child abuse is raised as part of a divorcing couple's history. Often the victim chooses not to disclose such information to the court in order to facilitate a quick settlement because of financial issues or because the victim fears that disclosure will precipitate further violence or intimidation by the batterer, the attorneys, or the court.

Battered Women and Their Abusers: Intersecting Psychological and Legal Issues

The battered women's movement helped bring about the passage of laws that gave women easier access to civil protection orders. Although some believe a restraining order may actually make a violent situation more dangerous, many of those who work with battered women believe that restraining orders, when enforced, do provide some protection. In addition to protection, however, restraining orders encourage police to enforce the law vigorously because they demonstrate a woman's willingness to follow through on her complaint. Law enforcement officers, pros-

ecutors, and judges unfamiliar with the cyclical nature of abuse were often reluctant to act when a woman who had not followed through with a legal action would again request assistance for the recurring violence. Frequently, they blamed the victim for not changing the situation.

Psychological studies in the late 1970s and early 1980s helped educate people within the criminal justice system about the dynamics of domestic violence so that they could better serve the victim and her family. By obtaining a restraining order, a woman was empowered to use the system to help protect herself and her family. If an order was violated, law enforcement officials were then more likely to make an arrest, which began the legal process again.

In recent years, family violence legal reform has focused on strengthening criminal sanctions against offenders. In a major study published in 1983, the U.S. Department of Justice recommended that family violence be criminalized and that state and local law enforcement be used to force some offenders into treatment and monitoring and to sentence others to jail. Sometimes, both options were ordered simultaneously.

Most perpetrators of family violence do not come to the attention of the criminal or civil legal system, and those who do often do not receive appropriate treatment to avoid repeating the offense. Although several hundred thousand restraining orders are issued each year in the United States, a conservative estimate is that more than three million women are physically battered each year. Even when perpetrators are ordered into treatment, there is little follow-up by the legal system to revoke probation or to re-sentence

those who continue to abuse. Some suggest that as few as one in 200 batterers who are ordered into treatment actually complete an appropriate intervention program. Without careful follow-up by the legal system, mandatory arrest or pro-arrest policies and offender-specific intervention may fail.

Many battered women do not want their abusive partners to be sent to jail for their violence: They simply want the violence to stop. Court-monitored treatment programs that deal specifically with stopping the offender's use of violence may increase a woman's willingness to follow through with the legal system. Before such programs were established, the physical violence in an abusive episode had frequently ended by the time law enforcement officers answered a domestic violence call and came to the home. No further action was taken by the police because they assumed that neither the woman nor the man wanted any further contact with the law at that time.

Once the philosophy changed and police were trained to better understand and deal with these calls, however, different options became available. Now, a law enforcement officer can make an arrest with *probable cause* (meaning the officer believed violence had occurred or was in progress) without requiring the victim to sign a complaint, and can jail the offender overnight or until he comes before a judge. The rationale behind this approach is to help change the offender's perception that he is entitled to use violence to get what he wants and to help him become more amenable to other interventions and treatment. In this model, offenders often are given the option of entering treatment rather

than serving a jail sentence. Many plead guilty or no contest and do attend available programs.

This new approach has its share of difficulties: The accused may be unfairly detained especially if he is poor and cannot afford an attorney, and his right to due process may be violated. Many jurisdictions do not have appropriate or adequate treatment options that are monitored by the court. Sometimes both partners are arrested when the officers cannot tell who is the aggressor: The situation is made more difficult when the victim responds with defensive violence. If a woman is arrested, her children sometimes must be taken into shelter to protect them, further disrupting the family unit. Many battered women plead guilty to using violence (whether or not it was in self-defense) in order to obtain immediate release so they can take care of their children and avoid intervention by social services.

Studies show that although some batterers refrain from further violence after the arrest only, most need treatment as well. Still others are so violent that incarceration is the best intervention.

Divorce, Custody, and Family Violence: Psychological and Legal Issues

Many families who experience violence eventually separate through divorce or dissolution of marriage. Because many families who experience violence in their homes eventually make their way to the divorce courts (even if the abuse has never been reported before), the therapists' recordkeeping must be maintained with the expectation that the records may become a part of a legal proceeding.

Because abuse at the point of and following separation is serious, the courts must seek ways to keep battered women safer.

Violence at separation includes a number of offenses other than assault and battery including:

- Arson
- Vandalism
- Breaking and entering
- Harassment by phone or letter, or in person in public places and places of employment
- Stalking
- Rape
- Kidnaping
- False imprisonment (such as being locked in the house)
- Child endangerment or abuse

Threats of violence and actual violence may also be directed toward secondary victims. In addition to children, anyone associated with or assisting the victim may become a target, including relatives, friends, neighbors, employers, community helpers, psychologists, or counselors. Threats to these individuals are acted upon frequently enough that they must be taken seriously.

Violence in the workplace sometimes is related to violence in the home. Although legal protection often is extended from the home to the workplace in restraining orders, many separated and divorcing women are most vulnerable to attack when they are stalked at their workplace.

When a couple separates or divorces, financial support, custody, and child visitation may become control issues and can be

the basis of psychological intimidation and harassment, even if physical violence has ceased. For example, women in these situations commonly report being followed, receiving hang-up telephone calls, receiving messages passed from the former partners via their friends, and experiencing a variety of other tactics used by the batterers to maintain control. Threats and incidents of violence may continue because court-ordered visitation may make it difficult or impossible to avoid interaction with the abuser.

In matters of custody, preference should be given to the nonviolent parent whenever possible, and unsupervised visitation should not be granted to the perpetrator until an offender-specific treatment program is successfully completed, or the offender proves that he is no longer a threat to the physical and emotional safety of the child and the other parent. Visitation should be supervised by an appropriate neutral party who will advocate for the child.

A committee of the American Bar Association (ABA) has recommended new guidelines to determine custody and visitation when battered women divorce, claiming that men who commit violence in the home should be presumed to be inadequate parents. The ABA committee report also states that it is inappropriate to award sole or joint custody or unsupervised visitation to a perpetrator of family violence until sufficient offender-specific treatment has been satisfactorily completed. Approved visitation should not be supervised by a close relative or current partner of the offender. In October 1990, the U.S. Congress passed a concurrent resolution (H. Con. Res 172) stating that physical abuse of a child *should* create a presumption that it is

detrimental for custody to be awarded to the abuser. Reports indicate that judges rarely follow this recommendation and often award custody to batterers.

Child custody and visitation disputes must be understood in the context of family violence and abuse. Custody and visitation disputes appear to occur more frequently when there is a history of domestic violence. Family courts often do not consider the history of violence between the parents in making custody and visitation decisions. In this context, the nonviolent parent may be at a disadvantage, and behavior that would seem reasonable as a protection from abuse may be misinterpreted as a sign of instability. Psychological evaluators not trained in domestic violence may contribute to this process by ignoring or minimizing the violence and by giving inappropriate pathological labels to women's responses to chronic victimization. Terms such as "parental alienation" may be used to blame the women for the children's reasonable fear of or anger toward their violent father. Psychologists and other mental health evaluators who are trained in the dynamics of family violence can be helpful to the court in evaluating such behavior, but few courts appoint an evaluator for this purpose or consider the evaluator's findings regularly. Occasionally a court determines that the family violence specialists are biased and refuse to accept their recommendations.

In cases of domestic violence, mediation is usually inadvisable. Mediation is dependent on the good will of both parties to negotiate fairly and with equal power. When there is violence in the family, at least one party is known to use intimidation and physical force

to gain more power and control. The fear of further harm may be a deterrent to fair bargaining and negotiating, even when the mediator is trained in family violence issues. If there is a history of domestic violence, and if mediation is considered, the mediator must first:

- Make a careful assessment of the level of violence and intimidation to determine whether mediation is appropriate
- Determine whether a battered woman really wants to pursue mediation
- Determine whether mediation would put a woman at risk for further harm

It is critical that a current or formerly battered woman not be forced or coerced into mediation. If a woman decides to go forward with mediation, the mediator must be fully trained in both mediation and family violence to ensure that the balance of power is maintained in the mediation sessions and that any agreements reached contain provisions for both safety and equity.

Some courts have developed the position of "parenting coordinator" to manage situations in which custody and visitation rights are a source of ongoing conflict. When family violence prevents parents from cooperating, specially trained professionals deal separately with each of them rather than attempting to force cooperation when the potential of future violence has not been properly addressed. Parenting coordinators should have extensive training in identifying and understanding the effects of abuse on subsequent family relationships and not attempt to force parental cooperation, especially if the victim has not yet completely healed from symptoms of PTSD or battered woman syndrome.

Child custody and visitation decisions must be made with full knowledge of the previous family violence and potential for continued danger, whether or not a child has been physically harmed. Reports of child abuse, including sexual abuse, may be taken less seriously by social service agencies and the criminal justice system when they are made during a custody battle; however, research shows that such charges are as reliable during custody disputes as at other times.

The dangers associated with custody and visitation may cause a woman to decide that she and her children are safer if she stays: A battered partner may be more likely to return to the violent relationship because of threats made against the children or because a woman is better able to protect her children during contact with their father when she is still in the home.

Family violence may be a significant factor in cases in which parents kidnap a child. According to a recent study, family violence is reported in nearly half of the cases in which a parent kidnaps the child. Nearly all of the abuse involves the father battering the mother or physically abusing a male child. Few families who experience intrafamilial kidnapping receive any mental health or social services interventions, either to cope with the kidnapping event or the return of the child. This is a treatment area that needs to be developed.

Children are harmed when parents' continuing hostility toward each other interferes with visitation, custody, or care. Children may experience emotional problems when exposed to the parents' ongoing hostility toward each other, even though the violence and threat of violence to themselves may have been eliminated. Such ongoing hostility often

follows the termination of a battering relationship: The batterer often continues to use the children to exert power and control over a woman, and she may be so angry at the injustice of the abuse she experienced that she does not recognize the effects of this hostility upon her children. In some cases, children's visitation with the father who battered their mother should be temporarily halted until the mother is able to work through her anger sufficiently and feel safe from further harassment and violence. Such temporary arrangements must be seen in the context of the battering relationship, not as a sign that the mother is arbitrarily "interfering with" the father's visitation rights. Researchers have found that joint legal or physical custody in high conflict divorces, such as those in which there is a history of domestic violence, is detrimental to the well-being of the children. Joint custody, forced on one or both reluctant parents, is sometimes used as a strategy to force parents to work out their differences, supposedly for the sake of the children. Studies show that this strategy rarely succeeds and is sometimes harmful. Children caught in the middle have been found to suffer long-term damage to their psychological and social adjustment. Their outcomes are worse than those of other children of divorce with only one parent who remains present and active.

Child Abuse: Psychological and Legal Issues

The juvenile court system that addresses child abuse was established during the 1970s with a dual mandate: to provide punishment and treatment for offenders and to provide protection and care for victims of abuse. Although the system has become adept at identifying victims and may even find some form of protection for them, abusers rarely

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benefit from the full course of counseling and other treatment considered ideal and necessary for rehabilitation. Unfortunately, even when a course of treatment is recommended and required by the courts, it is rarely fulfilled. Often, the recommended services are not available for identified parents or children, particularly in overcrowded urban areas and in underserved rural areas.

Laws dealing with child abuse are given low priority for funding and implementation. Consequently, they do not ensure that child abuse victims and perpetrators will be dealt with adequately and judiciously.

Although the juvenile court system is charged with the protection of child victims, in fact it often can protect only a small percentage of those children who are in the most serious danger. When child abuse is suspected but not yet proven, removing children from their homes often presents a secondary form of victimization for both the children and the accused parents. Yet leaving the children in their home, vulnerable to the possibility of further abuse after a report has been made, is also a form of victimization.

A proper solution for a child's protection and care can usually be reached in most situations, but only if legal systems have the resources to properly analyze the complex factors unique to each case. Because decisions about child protection are sometimes made somewhat arbitrarily and without a full understanding of the family circumstances, intervention often has a negative impact on the functioning of the entire family, making rehabilitation even more difficult.

When children are believed to be at risk for child abuse, if the legal system takes any action at all, either the children are placed in

a foster home or the family is provided with limited social supports. Neither action is ideal for the children's short-term or long-term well-being. Both of these responses involve risks. For example, children may not understand why they are being removed from home and may suffer emotional harm from the removal despite achieving physical safety. In addition, children placed in alternative settings may not receive the special care they need, and they may present burdens that place them at greater risk for abuse by their new caretakers. If they remain in their own home, they face the possibility of escalated abuse. Between 30% and 50% of the children killed by parents or caretakers are killed after they were identified as being at risk by social service agencies.

Even when termination of parental rights appears to be the most beneficial course of action, it is often rendered impossible or does not occur in a timely manner.

Laws on child abuse usually require a treatment plan to give the abusive parent an opportunity to change his or her behavior before parental rights can be revoked. If treatment plans are inadequate or unrealistic, however, termination may occur too quickly or children may be kept in foster care for an indefinite amount of time. Conversely, reuniting the family before the perpetrator has accepted responsibility for the abuse or has received treatment poses further danger for the child.

Child abuse laws may be inappropriately used to terminate a battered woman's parental rights because a child may be exposed to further violence by remaining with the mother. Mothers who place their children in possible harm's way, or those who

fail to protect their children adequately from being exposed to a batterer's violence are often treated harshly by the child protection system when the legal representatives do not understand the nature of family violence or cannot offer adequate services to the family. The adversarial relationship that frequently develops between a mother and the child protection system is detrimental to the rehabilitation of the child and family. Instead, the child protection worker should work to forge a relationship of trust and common interest with a mother who is being battered. Model programs operated by some of the domestic violence courts have demonstrated that many battered women will use court-recommended resources when such help is appropriate and does not put them or their children in greater danger.

Abused Children: Psychological and Legal Issues

Regardless of the law's intent, the legal system often dictates that abused children must prove that the abuse happened before they receive adequate legal representation. Attorneys who represent children, called *guardians ad litem*, frequently do not understand the children they are appointed to represent. Many of these attorneys are neither trained nor experienced in the complexities of family violence or in child development. Some choose not to meet with the children before committing to one side or another in a dispute. Court-appointed attorneys need to be trained in child development and family violence, need appropriate skills to interview and assess children's needs, need to develop special understanding of children with disabilities, and must work cooperatively with trained mental health professionals. Few cases

of child maltreatment that are reported to authorities result in hearings or trials with testimony by child victims.

Forensic experts have identified factors that can help determine the reliability of children's out-of-court statements. They include those factors immediately surrounding a child's statement, such as:

- The statement was overheard
- It is consistent with prior testimony
- It was taped
- It reflected developmentally appropriate terminology

Other factors include those that corroborate the child's statement, such as:

- Medical or physical evidence
- Changes in behavior
- Developmentally unusual sexual knowledge
- Corroborating hearsay statements
- Contemporaneous writing about the abuse

The impact of living in a family in which violence and abuse occurs may be different for each child; furthermore, it may defy every professional attempt to determine whether a report is valid and reliable. Beyond ensuring a child's safety, professionals must also take into account a child's perception of danger. A child's fear of further abuse may be almost as damaging as the actual exposure to violence.

Battered Women and Children as Defendants: Intersecting Psychological and Legal Issues

Each year, a small number of battered women attempt to or actually kill their abusive partners in what they assert is self-

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defense. The best estimate is that each year approximately 1,000 American women kill their current or former abusive partners. Until the early 1980s, battered women rarely received an adequate defense when they committed such an "un-ladylike" crime. As the court system has gained greater awareness and knowledge about battered woman syndrome and as appellate court decisions have permitted battered woman syndrome to be introduced at trial by expert witnesses, fewer women in such situations were convicted of murder or sentenced to long prison terms. APA submitted friend-of-the-court briefs to the state supreme courts in New Jersey and Florida in 1982 to explain the psychological dynamics of battering relationships. In 1984, these and other court opinions helped redefine what is a reasonable perception of imminent danger for a battered woman and opened the way for self-defense testimony on the basis that the action was justified, rather than on the basis of insanity; the insanity defense had always been permitted but was rarely successful.

Many women in prison for murder are battered women who were not allowed to present evidence regarding the role of family violence in the crime for which they are being punished. In the past few years, psychological testimony has been used in support of clemency or commutation of long prison sentences for battered women who did not have the benefit of adequate expert testimony at trial, or who may not even have had a trial because information about the role of family violence in their crimes was not available or was inadmissible at the time. Clemency committees in most states now provide information to women who should be evaluated for clemency and encourage prisons and jails to

provide women prisoners access to appropriate mental health services that deal with their victimization and family violence histories.

Some battered women commit other crimes under duress or under coercion by their abusive partners. Some of their crimes include theft, prostitution, writing bad checks, and drug-related offenses.

Battered women have also been defendants in cases in which they commit assault or fail to protect their children from harm from an abuser. Psychologists have been asked to present testimony on the characteristics and behaviors associated with battered woman syndrome to help the court understand how a battered woman might participate in criminal offenses such as assaults and property crimes, sometimes as a co-defendant with the batterer. The behavior of mothers whose children have been hurt or killed by their batterers can also be better understood with expert testimony about battered woman syndrome and the relationship between partner abuse and child abuse. Battered woman syndrome, as defined in the legal arena, includes the dynamics of family violence as well as psychological symptoms that frequently affect victims' thinking, emotions, and behavior.

Research on family violence has shed light on cases in which children kill abusive parents. Those who have studied adolescents who kill their parents in what they claim to be self-defense indicate that most have been seriously abused by the parents and that they kill when they believe their continued psychological or physical survival is threatened. Expert testimony on battered child syndrome is similar to that for battered woman syndrome,

although the details and types of homicides may differ for children and adult women.

The increase in the number of teenagers who kill other teenagers and adults, without apparent emotion, may be the result of abuse-related feelings of alienation from the culture in which they live. The abuse present in these children's families often causes emotional numbing, isolation from others, and a loss of intimacy within the family, all of which are related to their inability to form the usual meaningful emotional attachments to others. Many of these young people have no identity and no sense of the future. Interestingly, they frequently report that they are neither suspicious of others nor do they feel responsible for protecting anyone else. Unlike a teenager who has developed an anti-social personality disorder throughout childhood, these teenagers often are described by others as "good kids" who do not have histories of other acting-out behaviors. However, they are rootless, have no sense of connection to others, and are often easily led into violent group behavior by a charismatic leader.

Elder Abuse: Psychological and Legal Issues

All 50 states, the District of Columbia, Guam, and the Virgin Islands have established some form of legislation addressing domestic or institutional elder abuse and have reporting systems to identify elder abuse cases. However, these state statutes vary widely in the scope of provisions and the types of abuse covered. Mandatory reporting laws exist in 42 states, the District of Columbia, Guam, and the Virgin Islands, making reporting of suspected elder abuse to authorities mandatory for many professionals. In most states, the Adult Protective Services (APS) agency is the principal public agency

responsible both for investigating reported cases of elder abuse and for providing victims and their families with treatment and protective services. In most jurisdictions, the county departments of social services maintain an APS unit that serves the needs of local communities.

Many of the legal issues relevant to other forms of family violence are relevant to elder abuse, because elders are often physically, emotionally, and perhaps financially dependent on the abusers. Especially relevant is the need to balance protective interventions with the individual's right of self-determination, because elders are adults assumed to be fully in possession of these rights. When it may be necessary to appoint a public guardian or otherwise decide to institutionalize an abused person, case workers may be unclear whether it is better for the older person to remain in the family with additional support, or to be institutionalized in an unfamiliar and impersonal setting.

Court-Ordered Treatment: Psychological and Legal Issues

Court-ordered treatment programs for perpetrators are a relatively new way for psychologists and other mental health clinicians to deliver services. These intervention and diversion programs require psychologists, advocates, and the criminal justice system—including law enforcement officials, lawyers, judges, and probation officers—to work together to design and implement treatment programs, often called offender-specific treatment, in which a victim's safety is the first priority. Such programs limit the client's customary confidentiality and privilege that many treatment providers normally assume and demand other changes in the usual delivery of

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services. For example, offender-specific treatment providers typically monitor a victim at random or unspecified intervals to determine the truthfulness of an offender's reports of additional violence. Sometimes psychologists are asked to become agents of the state: The treatment provider may be required to report any recurring offenses to the court and is usually required to make periodic reports to probation officers or the court concerning the offender's progress in treatment. Sometimes the content of the therapy sessions is determined by court or even legislative orders. Such requirements clearly change the nature of the traditional therapy relationship, and their influence on the course and outcome of treatment needs to be evaluated.

Psychologists and other mental health specialists must become involved in the development, legislation, and implementation of standards for treatment providers in cases of family violence. Because offenders often need mental health treatment and psychotherapy in addition to offender-specific psychoeducational programs (which often are considered mental health treatment), legislatively mandated treatment standards should take into account the broader issues of mental health and incorporate the professional perspective that psychologists can provide.

A community may lower its rate of family violence when agencies and individuals work together. Several models of community-wide interaction have been established to provide intervention and treatment for abusers and their victims. In some communities, the courts initiate or monitor these programs with consultation from local or state departments. Because the interaction with legal, medical, social service, and mental

health systems can become complicated, some kind of oversight committee or council is needed to make sure all systems within the community communicate with each other and cases do not fall through the cracks.

Civil Remedies Under the Law: Psychological and Legal Issues

Some women choose to use the civil courts to redress the wrongs committed against them by a violent partner. Usually, civil personal injury lawsuits are filed at the time of divorce, or afterwards if the property distribution was unfair. A battered woman may be too intimidated by her abuser to expose the extent of the abuse at the time of divorce, or the long-term consequences of the abuse may not become known until a later date, at which time a civil lawsuit is an appropriate means of legal redress. In these cases, psychologists often give expert testimony on the dynamics of the relationship and of the effects from battered woman syndrome.

In some cases, financial sanctions do more to deter further abuse than do criminal sanctions. In other cases, some financial compensation may help a victim heal from the persistent feelings of injustice and betrayal that may have prevented recovery. However, seeing such a lawsuit to completion can be enormously stressful, especially because many victims do not realize that they open their entire mental health history to scrutiny when they claim that violence has been the specific cause of their mental health problems.

Some adult survivors have used the civil courts to hold their abusers accountable for the damage they have caused. Personal injury lawsuits have been filed in states in which the statute of limitations has been

changed to permit lawsuits long after a survivor has been abused or directly harmed by the abuse. The decision to sue an abuser is based on a number of factors, including the reliability of memory, a survivor's ability to *know* she was harmed, and her achievement of enough psychological strength to consider legal remedies.

Adult survivors may initiate lawsuits for a wide variety of different reasons. Often, the prospect of forcing an abuser to admit wrongdoing motivates a survivor to go forward. Therapists can help clients to weigh carefully their decisions in terms of motivation and goals and can provide a realistic appraisal of the costs and benefits. Psychologists may also be involved either in assessing the survivor's current emotional condition and its relation to previous abuse and giving testimony or in providing the court with information gained during therapy.

Legal actions to overturn prenuptial or antenuptial agreements sometimes rest on a woman's claim of being put under duress by her partner's violent behavior. Economic abuse is common in battering relationships. Some women sign prenuptial or antenuptial agreements during a violent encounter or under the threat of further violence or fear of rejection and loss of the entire relationship. When signed under such duress, these agreements may be found invalid by the courts.

In these situations, a psychologist may offer expert witness testimony about the abusive nature of the relationship, explaining that the woman did not voluntarily enter into the agreement but was coerced by the threat or fear of violence. Such testimony may provide her with a more equitable financial settlement during a divorce or dissolution of marriage

than she would otherwise receive. In some cases, testimony to support proof of duress may be offered as a defense for a woman's forced signature on income tax returns or other financial documents.

Legal Issues for Therapists

Psychologists who provide psychotherapy to victims and perpetrators of abuse have come under considerable attack from organizations that appear to have many accused child abusers as members. Although psychologists are mandated by law to report child abuse, some abusers attempt to take legal action against therapists for doing so without what these abusers claim is sufficient evidence to make such a report. At least one organized group is known to have mounted a campaign to promote lawsuits against psychotherapists by providing instructions and supportive materials for initiating legal action.

Laws and policies that govern the practice of psychology must protect competent therapists from frivolous or malicious grievances and lawsuits and, at the same time, protect consumers from incompetent or unscrupulous therapists. Psychologists can help people who experience family violence heal from the effects of abuse, but the growing number of personal threats, official grievances, ethics complaints, and lawsuits made against therapists by clients and their families—especially when these actions are groundless—has a chilling effect on the practice of psychology.

One organization has begun to introduce state legislation that could jeopardize the practice of psychotherapy. The proposed Mental Health Consumer Protection Act would empower state legislatures to set stan-

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dards for practitioners and limit the types of therapy deemed appropriate for violent families who are ordered by the court to receive treatment. Psychologists and other mental health professionals must work with legislators to ensure that the professions retain the responsibility for determining standards for practice and that high-quality mental health services continue to be available to people in need, especially those who have suffered the trauma of family violence. In February 1995, the APA Council of Representatives passed a resolution opposing "....the enactment of legislation that, while seeming to protect the consumer, actually creates a bureaucracy and unnecessary barriers that interfere with consumer access to mental health services and fails to protect consumers."

Malpractice lawsuits and complaints to licensing and grievance boards have increased dramatically during the past two years; much of this growth has been generated by emotion-charged issues related to treating victims of family violence. One insurance company estimated that more than 50% of new lawsuits against psychologists come from families of therapy clients who contend that the therapist's methods resulted in the family being falsely accused of child abuse. Regrettably, there are a small number of practitioners, including some psychologists, who are unethical or whose practices do not meet appropriate standards of care, and there are some who are untrained or even unscrupulous in handling family violence issues. It is important for the well-being of clients, as well as for the integrity of the profession, that clients be able to seek redress for such practitioners' harmful or unethical prac-

tices. In some cases, however, state licensure and grievance procedures have been used to promulgate unfounded charges and deliberate harassment against therapists who work with victims of abuse.

Some licensing boards do not afford therapists due process during investigations of alleged unethical behavior. As a result, these therapists are considered guilty until proven innocent. Several new organizations have been formed by therapists to respond to these procedural threats to their ability to practice.

A few court decisions have supported the claim that "recovered memory therapy" is responsible for false accusations of family abuse. However, there is no known psychological theory or therapy known as recovered memory therapy. Furthermore, a careful reading of these cases indicates that bad therapy practice, rather than a bad therapy theory, may have been responsible for some harm to the client.

Media coverage that both sensationalizes and misrepresents the theory and goals of psychotherapy has confused the public; accurate information must be made available to correct confusion and prevent future misunderstanding. It is important not to let the controversy over recovered memories mask the reality of the large numbers of children who are physically, sexually, and psychologically abused every year. Many of these abused children have grown to be adults who still demonstrate the psychological effects of their earlier abuse and need psychotherapy to help heal their pain.

Chapter 9: Key Points

- Many victims of family violence will, at some point, have contact with the legal system.
- The laws dealing with assault have changed dramatically during the last 10 years, and laws dealing with abused children and adolescents have been designed to focus on intervention and prevention. However, inequities in the application of the law, racial and class bias, and inadequate investigations have harmed rather than helped many families.
- The low priority given to funding for implementation of child protection laws results in a legal system that frequently fails to work.
- The battered women's movement, which began in the late 1970s, has coalesced into an effective legislative lobby demanding more changes in civil and criminal laws to protect women and children. In the early days of the movement, the changes in laws focused on access to civil protection orders for women. Recent legal reform and new laws have focused on strengthening criminal sanctions against offenders.
- Most battered women do not want their abusive partners sent to prison; however, they do want the violence to stop.
- Court-ordered treatment programs that deal specifically with ending the offender's use of violence have increased women's willingness to follow through with the legal system.
- Psychologists deliver services through court-ordered treatment programs.
- Racial bias affects the court's decision about whether to order treatment or to imprison offenders.
- Abuse at the point of and after separation is so serious that the courts must pay attention to ways of keeping battered women safer.
- Studies indicate that use of mediation is usually not appropriate when family violence is an issue.
- Child custody and visitation decisions must be made with full knowledge of the previous family violence and potential for continued danger, whether or not a child has been physically harmed.
- Mental health professionals providing evaluations and reports regarding custody must have training in domestic violence.
- Most lawyers, judges, and others in the justice system are not trained in the psychology of family violence and abuse. □

Promoting Violence-Free Families

► **Society has an urgent need to find ways to prevent family violence and its negative consequences on individuals, families, and communities. Psychologists play an important role in helping to promote violence-free families.**

Promoting healthy, violence-free families requires prevention efforts to reduce the likelihood that any one family member will abuse another. Such prevention requires identification of the major factors that put people at risk for behaving violently, knowledge about how the factors interact, and concerted efforts to eliminate those factors. Work in these areas already has begun:

- Psychologists, with other social scientists, have identified risk factors for violent behavior.
- Research on child and adult development has demonstrated the importance of early experiences and socialization in later life.
- Clinical observations and research have confirmed the far-reaching negative effects of violence throughout the life span.

Developing Effective Prevention Programs

Prevention of family violence requires a society's commitment to make available theory-based, carefully researched, and thoroughly evaluated prevention programs tailored to reach everyone who is at risk for violence. Current prevention theory takes into account four overlapping themes that are critical in the development of violence-prevention programs: an epidemiological perspective, the identification of risk and protective factors,

attention to developmental processes, and environmental context. Although the themes are intertwined, they are separated here for clarity and emphasis.

- **An epidemiological perspective.** This theme focuses prevention efforts on populations rather than individuals. Populations are addressed across the demographics of gender, age, ethnicity, ability status, sexual orientation, economic and social class, or geographic region. For example, communities often design prevention programs to educate all of its members.
- **The identification of risk and protection factors.** A number of risk factors associated with violence have been identified, although the causes of family violence are not known definitely. Members of the general population with these risk factors—which may be psychological, social, or biological—have a higher probability of becoming offenders or victims of family violence than do members of the general population. Even less is known about the factors that protect against the development of violent behavior, although current research is expanding knowledge in this area as well. Prevention programs are designed to reduce the risk factors associated with the development of violent behavior, and to strengthen the factors that protect against its development.

► Interventions

■ **Attention to developmental processes.**

This theme emphasizes the importance of looking at the full lifespan in planning prevention programs. Young children and senior citizens, in addition to young and mid-life adults, can be victims of violence as well as perpetrators. For example, a critical risk in the development of violent behavior is exposure to family violence and abuse in childhood. Children model behavior they observe and experience in their homes. Although further study is needed to understand the ways in which developmental processes interact with risk and protective factors to produce or prevent violent behavior, enough is known to prompt the creation of prevention efforts to protect children from exposure to family violence and abuse whenever possible.

■ **Environmental context.** Risk and protective factors emerge and fade across the stages of the lifespan, interacting with the social, physical, and cultural environment to shape human behavior. The beliefs and myths common to a culture, the norms dictating gender-based behavior, situational factors, and features of the physical environment—street lights, shelters, and availability of guns—all affect the level of violence in a community. The depiction of violence in the media contributes to the level of violence in our society, especially among children and youth. Prevention programs are designed to change the environmental factors that contribute to violent behavior.

Three principles that emerge from the extensive body of psychological knowledge form the basis for programs that will effectively promote violence-free families:

■ **What people learn about and adopt regarding gender roles** plays an important part in the development and continuation of violent behavior.

■ **There are factors that put people at risk for violence throughout the life span.**

■ **Only by empowering men and women to live violence-free lives will we as a society break the cycle of violence.**

The Effects of Gender Role Socialization

Gender role socialization is a term for the life experiences that encourage people to behave according to preset expectations based on whether they are male or female. Many young children are taught that men and women behave differently, according to social stereotypes that restrict their behavior and limit their options. Gender roles play an important part in how boys and girls and men and women learn to accept and use violence. Historically, men were expected to be dominant, active, and in control. Women were expected to be submissive, passive, and dependent. In recent decades, however, women's decreasing dependence on men for economic support, along with women's increasing independence, especially as heads of single-parent families, has changed many of those assumptions.

Many of these gender-role stereotypes have a negative effect on a person's behavior and emotional well-being. Men, for example, receive the false message that they have a right and a mandate to control the women and children in their families. That belief contributes significantly to men's continued use of violence to maintain power and control. Individuals, families, and society are damaged when such behavior is tolerated as being normal.

Violence-free families encourage members to choose their own behaviors without the limitations of traditional expectations for their gender. To stop violence and prevent its

recurrence, a social consensus must arise that encourages choices for men and women.

Developmental Processes and Risk Factors

Children are not born violent. They model their own behavior on the behavior they observe and experience in their homes and communities. A critical risk factor in the development of violent behavior is exposure to family violence and abuse in childhood. For boys and girls, such exposure interacts with the messages they receive about appropriate roles and behavior for men and for women, setting the stage for boys and men to become abusers and for girls and women to become victims of abuse. Children, particularly boys, who are exposed to violence in their homes are at high risk to commit violence themselves.

Programs that stop and prevent children's exposure to violence at home can break the cycle. Because many of the social, psychological, and biological risk factors associated with family violence have been identified, health promotion and prevention programs can be designed to reduce the risk factors associated with the development of violent behavior. To prevent the violence from occurring, more programs based on the best available research are needed; such programs should be scientifically evaluated to determine which programs are most effective for specific populations. Models for boys to develop into men need to be changed to nonviolent models.

Education can help reduce and stop violence. Violence is the result of abusers' misuse of power and control within a social milieu that condones and even encourages such controlling behavior. Education can help to change public opinion about power and violence.

The Promise of Empowerment

Many interventions today can empower men and women with the tools they need to live violence-free lives. These tools range from methods of resolving conflict to ways of enhancing self-esteem. These efforts also include enrolling young single mothers in psychoeducational programs, and retraining highly aggressive boys and men to manage their anger and their impulses. Grassroots women's groups have developed interventions to increase women's sense of individual autonomy, independence, and power to control their own destiny. Religious and community programs designed to strengthen healthy families, to end the isolation of high-risk families, and to improve positive interactions also help potential victims resist, avoid, or end abuse. Schools that encourage both girls and boys to participate in science, sports, and parenting classes can reduce the destructive effects of gender role stereotypes that promote abuse.

The Role of Health Promotion Programs in Preventing Violence

Universal interventions and targeted interventions are the two important types of health promotion programs in any campaign to end family violence. *Universal interventions* are designed to change social conditions or the attitudes and behaviors of the general population or of an entire group of people, such as all high school students. *Targeted interventions* are designed to change the attitudes and behaviors of special groups of individuals who have been identified as being at high risk for becoming abusers—such as boys and men with histories of childhood abuse—and people at high risk for becoming victims—such as young, single mothers. Examples of both types of interventions are listed in the following tables.

► Interventions

Universal Interventions

► **Interventions for Changing the Social Conditions That Breed Violence**

- Media efforts that educate about the connection between gender role expectations and family violence
- Programs that reduce unemployment and poverty, which are strongly associated with increased rates of family violence
- Enforcement of existing handgun laws; creation of handgun laws where none exist
- Change laws to criminalize family violence
- Advocate for community agency support
- Change the physical structure of schools to reduce opportunities for expression of highly aggressive behavior
- Media efforts to de-glamorize violence and more accurately portray its consequences

► **Interventions for Changing the Attitudes and Behaviors of a Whole Population**

- School-based programs to teach conflict, problem-solving, and anger-management skills to all children
- School programs to counter traditional gender role stereotypes and expectations
- Alcohol and drug abuse prevention programs
- Parenting education programs
- Documentaries about family violence shown on network television

► **Interventions for Changing the Attitudes and Behaviors of a Specific Class of People**

- Sex abuse prevention programs such as "good touch, bad touch" for young children
- Training legal, medical, and mental health professionals to better understand the dynamics of family violence
- Sermons delivered by religious leaders declaring family violence immoral
- Community-based activities, such as clean-up and beautification projects or midnight basketball, that bring people—particularly adolescents or young adult men—together in productive activities

Targeted Interventions

Interventions for Changing the Attitudes and Behavior of Special At-Risk Groups

- Volunteer visits to high-risk homes to prevent families' isolation
- Empowerment training for girls and women who have been exposed to violence in their childhood homes
- Interventions for boys and men who have been exposed to physical or sexual abuse or maltreatment as children
- Social and community support for isolated, young, single mothers and for families with many children or with one or more children with disabilities
- Respite care for caretakers of those with physical disabilities and the elderly
- Interventions for boys who repeatedly use bullying behavior on the playground or unusually high levels of aggressive behavior in the home, school, or community
- Psychoeducational programs for children at battered women shelters or through a domestic violence court
- Psychoeducational programs on changes in gender role expectations for groups of men
- Community-based recreation and care programs for the elderly
- Restriction of possession of firearms for anyone who has been convicted of any violence or who has domestic violence charges or restraining orders pending
- Group discussion and support programs for recent immigrants conducted in their own language to reduce isolation
- Attention to adolescents who are being victimized by family members and schoolmates
- Safety programs for elderly battered women whose partners are diagnosed with deteriorating physical conditions that are associated with a high risk of battering behavior

► Interventions

Universal and targeted interventions have advantages and potential limitations:

Universal Interventions

■ **Advantages:** Universal interventions reach the entire population without stigmatizing any group of people. They are most effective for changing behavior at the societal level if the costs and risks are acceptable. Also, it is easier to target an entire population than to locate people who may be at risk of using violence or becoming victims.

Examples:

Recent television programs alerting the general population to the reality of violence behind the closed doors of the family have been successful in creating a widespread awareness of family violence.

School programs that encourage sports activities for girls as well as boys strengthen girls' physical capabilities and self-esteem.

■ **Potential limitations:** Universal interventions that have not been developed with care and have not been thoroughly evaluated have the potential for creating unforeseen negative consequences that can affect large segments of the society.

Examples:

A universal intervention that used television programs to educate youth to avoid the dangers of suicidal behavior actually increased the suicidal thoughts and attempts in teenagers, at least initially.

A drug education program that was introduced in the public schools during the 1970s without emphasizing proper training of the teachers actually increased rather than decreased teenagers' use of drugs and made it more difficult for the teenagers to trust talking with supportive adults.

Targeted Interventions

■ **Advantages:** Targeted interventions are specially designed to address particular risks and risk groups, and they can more readily be tailored to the sensitivities of different cultures and individual needs. They also may be less expensive than programs that reach the entire population.

■ **Potential limitations:** Identifying children or adults as being at risk can stigmatize them. It also may have the effect of a self-fulfilling prophecy, encouraging rather than discouraging aggressive behavior.

Although researchers have identified risk factors for family violence, it still is difficult to identify precisely those who may need preventive interventions or those who are likely to benefit from other specific types of interventions. Therefore, universal interventions that promote healthy interactions among family members may be effective for the largest number of people.

► **Family violence has a profound effect on society, putting individuals at risk for further family violence, criminal behavior, suicide, and health problems in the future. Intervention of appropriate scope, duration, and focus is key to diminishing those risks.**

Early treatment of victims of child abuse and maltreatment may be one of the most important ways to prevent the later expression of violence in adult relationships. Men who are exposed to violence or experience abuse as children are at greatest risk to abuse their partners. Creating more positive interaction opportunities has been shown to reverse the aggressive behavior often demonstrated by these children.

Promising Approaches to Prevention

A universal prevention program can, at nominal cost, reduce the risks associated with patterns that assign roles of power and action to men and of submission and passivity to women. For example, programs for children and adolescents in schools and religious institutions can teach ways to resolve conflicts by other than physical means. These programs can strengthen youths' problem-solving skills and can stress to boys and girls that they have equal power and shared responsibilities in human relationships and conflicts. Such programs can be used to provide community education and can have a widespread effect.

A major prevention effort, which has been led by grassroots women's groups, empowers potential victims to learn how to avoid or resist abuse or to find safer refuge from abuse. Universal prevention programs support the empowerment of all women and children to resist harm if they are exposed to or subjected to violence. They work to reduce the risk that violence will occur. Targeted programs, which have included community programs sponsored by battered women's shelters and task forces, have focused on children who were exposed to family violence and therefore are at high risk for being abused or becoming abusive. Programs that teach high-risk populations to avoid or resist abuse can also target women and children who have grown up in homes in which they were abused, people who witnessed their mothers being battered, people who were raised in poverty, and women who are dependent on a man to support them financially.

Prevention programs can inoculate people who are at high risk for being abused. Risk can be reduced and resiliency increased when people are helped to develop personal

competency and strength and to increase their autonomy, independence, and power to control their own lives. Developing these skills may reduce the effects of family violence, such as learned helplessness, or other psychological effects of the trauma. Such prevention programs also may include special components that are offered to a whole class of people at risk—adolescents who are beginning to date, for example—without identifying specific at-risk individuals.

Efforts that change the environment that supports family violence are important ways to prevent and stop family violence and abuse. Much within the environment either raises or lowers the risk of family violence. Appropriate strategies to lower the risk include instilling greater sensitivity to gender inequities in the workplace or other institutions, passing new legislation that attempts to protect women and children from repeated violence, training medical personnel to be more attentive to the signs of abuse, opening shelters for children or women who are abused, and providing more effective training for police to protect victims.

When church and community programs strengthen and empower healthy families, they also change the environment to prevent family violence. Recent legislation to control access to handguns is an example of a measure that prevents family violence by changing the (local, state, or national) government's message about violence. Grassroots women's organizations have tried to change the environment at public agencies so that these agencies offer better support to victims of family violence; this kind of fundamental change will uncover the true extent of family violence as well as prevent further violence by breaking the cycle.

Efforts to teach families to have more positive interactions with each other can prevent the spread of violent behavior. That is the one consistent research finding that has emerged from the study of family violence. Fostering an optimistic approach to life that is based on a belief in everyone's good will rather than on the inevitability of continual power struggles, has been shown to change the cycle of violence in families that spend more time in negative interactions.

Few programs in any area of family violence have received rigorous evaluation of their effects on the levels of violence committed. However, many existing programs (such as shelters for women in crisis or school-based programs that teach children to recognize "good touch" and "bad touch") have been accepted by their communities as effectively serving the function for which they were created.

The Importance of Community-Wide Efforts

Psychologists agree that comprehensive, community-based health promotion, prevention, and treatment programs are more effective than fragmented efforts that reach only a portion of the population. Although the issues involved in family violence are more complicated than those of drunk driving, the drunk driving campaign is a model of a successful community-based promotion. Through interactive efforts in prevention, intervention, and treatment, drunk driving arrests and automobile crashes have been reduced by more than 30% in a decade, with an even higher percentage reduction in the rate of drunk driving among teenagers. Alcohol and drug prevention and treatment programs, which target the limited population of users, had existed for decades. However,

drunk driving did not decline until local groups orchestrated a strong, nationwide prevention campaign, spearheaded by Mothers Against Drunk Driving, that changed community attitudes about drinking and driving and that won legislative changes.

Comprehensive community programs can help create violence-free families. Each health promotion effort will reach only a percentage of the population; therefore, to foster a violence-free community, a variety of programs need to be adopted according to a comprehensive plan. These programs should be widely inclusive of the members of the community, and they should be free of discrimination and bias. For example, programs that foster community pride and facilitate communication among community segments, programs that foster violence-free relationships, psychoeducational and psychotherapy treatment programs, jail and prison sentences, and programs that train people in conflict-resolution and problem-solving skills all can help create a community of violence-free families.

A Community Family Violence Coordinating Council in every community—rural, suburban, or urban—can bring together different groups to develop complementary programs for health promotion and violence-free families. In communities where such councils already coordinate legal advocacy, shelters, intervention, and treatment, a prevention component should be added so that schools, religious groups, community councils, and media can participate with mental health specialists in the field of health promotion.

The Economic Benefits of Violence Prevention

When evaluating the economics of health promotion, communities need to com-

pare the resources spent on prevention with those spent to stop the violence after it begins. For example, communities spend significant funds to build new prisons to incarcerate perpetrators, many of whom are youthful and might have grown up to be violence-free had they been identified earlier in their lives and placed in a program to prevent or mediate the effects of the family violence. Prison programs deter further violence in the community for as long as someone is incarcerated. However, experience shows that violence only continues or worsens unless the root causes of the violence are addressed. Spending additional funds now to promote violence-free families, including for treatment of the current prison population, may be an important way to curtail the costs of incarcerating violent offenders in the future.

Proper assessment of a prevention program's effectiveness takes into account the program's effect over the long term. For example, when a program targets a specific group, the number of new cases identified may actually increase initially, because closer scrutiny is given to that group. However, those new cases may be discovered at an earlier stage than might otherwise have occurred; therefore, intervention may actually have more benefit over a longer period of time.

Those conducting cost-benefit analyses of prevention programs should consider how many potential perpetrators will become violence-free. If one prevention program reduces violence by 25% to 35% (the usual number who are affected by any one particular health promotion program), the implications for future financial savings are enormous. A good example is working with youngsters who are at high risk to commit more violence over

their lifetime. Many of the children of men and women currently incarcerated for crimes of violence have been exposed to violence in their families; they need such a prevention program now if we are to help them remain violence-free.

The current legislative priority of punishing violent offenders more often and more severely, without also including intervention, treatment, and health promotion programs to teach violence-free living, needs to be seriously questioned. Making it easier to assign the death penalty to violent offenders does not deter violence; sentencing a person to death only prevents further violence by that person. Although increasingly popular punishments such as boot camps for teenage offenders may help young people learn discipline, some of the programs perpetuate hostile attitudes and behaviors and do not foster positive attitudes and nonviolent behaviors.

The data are unequivocal: Without active prevention and intervention, violence begets more violence!

What Can Communities and Psychologists Do Together?

Psychologists have been involved in helping communities develop a variety of programs that prevent family violence from occurring and that reduce the risk of its recurrence. Many of these programs are based on principles of health promotion. Although individual skill-building programs are particularly popular, psychologists are also involved in the design of community programs with a more universal prevention

approach. In other universal prevention efforts, psychologists have served as consultants to the media in the production of documentaries, movies, and even talk shows that deal with issues of family violence. Psychological knowledge is also brought to bear in the development of legislation and social policies.

Psychology must lead the effort to resolve tensions that hamper collaboration among various advocates and limit psychologists' effectiveness in treating perpetrators and victims of family violence. Some of the divisive issues arise from competition for funding and other resources; other issues arise from philosophical differences. Different advocates focus on different members of the family or on different aspects of family violence. These differing approaches can sometimes lead to conflicting responses to the same phenomena. For example:

- Child abuse advocates sometimes appear to blame the mother, who may also be a victim of abuse.
- Battered women advocates may appear to ignore a child's needs and to focus exclusively on a woman's issues.
- People who work with perpetrators often do not take enough care in protecting the victims from potential harm.
- Family preservation advocates often treat the family unit without having sufficient concern for the safety of the victims.
- Child custody evaluators and courts often make recommendations that downplay the seriousness of domestic violence, placing children in dangerous situations.

Building Bridges: Mental Health Professionals and Family Violence Advocates

To promote their common goals of preventing family violence and ameliorating its effects, mental health professionals and family violence advocates are beginning to seek ways to work together. This new interest in finding common ground is an important step toward overcoming the past distrust between the professions. That distrust was based in part on the limited knowledge about family violence and on the different knowledge bases: Mental health professionals were more familiar with clinical experience and psychological research; advocates were more familiar with the experience of violence. Efforts now are under way to collaborate by sharing knowledge to gain a more complete picture of the complex dynamics of family violence.

Many factions and systems must work together and share a commitment to operate fairly and effectively—even when they represent different groups and perspectives—if family violence is to be defined, measured, addressed, and prevented. Because these factions seem adversarial at times, only concerted effort will enable them to move together toward the common goal of violence-free families. The following are ways in which the interests of various factions can be coordinated:

- Mental health professionals need systematic access to research information and continued training to appropriately evaluate and treat confirmed and alleged perpetrators and victims of abuse.
- Accused perpetrators of child abuse need representation and protection of their rights,

particularly when there remain reasonable doubts about claims.

- **Mental health licensing and grievance boards and insurers need to be able to evaluate accurately the actions of licensed professionals and the complaints of clients and others, even when the complex, emotionally charged issues of family violence are raised.**

- **The press needs accurate, up-to-date information about family violence so it can inform the public accurately about the prevalence, causes, prevention, and treatment of family violence.**

- **Legislators need to craft laws that protect individuals from violence and from unfair prosecution while protecting the society from the far-reaching effects of family violence. Lawmakers also need to improve access to effective prevention and treatment services.**

Together, the various groups can improve the systems to enable each player to take a role in preventing and stopping family violence and in promoting violence-free families. Psychology can play a leadership role in finding solutions to the problems that prevent such cooperation:

- **Facilitating the free flow of information among health, mental health, and social service professionals; advocates; community leaders; and the legal community**

- **Encouraging grassroots organizations to share scarce resources while they build coalitions to obtain greater funding and resources**

- **Promoting and providing careful, competent investigations of accusations of past and present abuse while discouraging scare tactics and rushed judgments before investigations are complete**

- **Training licensing and grievance boards to understand family violence better**

- **Suggest limitations on the powers of these boards and methods of review so that the boards can fairly and competently promote the good practices that will stop family violence and prevent future violence**

Psychology can also improve its own ability to prevent and stop family violence and promote violence-free families.

Following the task force's recommendations on interdisciplinary training should help prevent the polarization that can occur when different perspectives are not understood and information is not shared among groups and disciplines. Psychology's own efforts to deal with the diversity within our profession should be an asset to this task.

Violence within the family is used as a method of social control, tending to keep both women and men within rigidly-defined social roles.

Social institutions that are in a position to influence the development and maintenance of attitudes and behaviors that tolerate such use of violence need to be educated about the consequences of violence and made aware of their institutional roles in perpetuating and shaping it.

Individuals and institutions that have a responsibility for not perpetuating violence include parents, teachers, church leaders, health service providers, police officers, judges, sports figures, military personnel, and members of the news media and entertainment industries.

Chapter 10: Key Points

- The best way to promote violence-free families is to stop the development of abusive behavior, especially in boys and men; to strengthen and empower potential victims to resist or avoid victimization; and to change the environment that promotes the use of violence.
- Although the many prevention programs use a variety of methods to reach specific population groups, universal prevention programs—those applied to an entire population—are the most effective for changing behavior at a societal level, assuming that the costs and risks are acceptable.
- Because family violence has been a discrete area of study for a relatively short time, there are still gaps in the knowledge about ways to prevent family violence. There is general agreement, however: Prevention efforts are needed to address the societal conditions that contribute to family violence, and intervention and treatment efforts must take place in every community if family violence is going to be reduced or eliminated.
- Psychology has a key role to play in building the community-based coalitions that can prevent and treat family violence. □

RECOMMENDATIONS

Violence is primarily a learned behavior, and the family provides the most fertile ground for teaching violence. Family violence is linked to other forms of violence and to a range of problems such as substance abuse, emotional disorders, poor achievement in school, aggressive behavior, serious injuries, health problems, suicide attempts, separation and divorce, and physical and mental disabilities.

Only in the last few decades have the horrors of child abuse, woman and partner battering, and elder abuse been brought out of the shadows of private behavior into the light of public awareness and scientific research. Because families are made up of individuals who are entangled in a web of cultural, social, and community influences, efforts to stop family violence cannot address only the violent individuals themselves or the members of their households. Interventions must take into account individual characteristics, community norms and expectations, the role of mass media, institutional processes, and public policies.

Psychology has contributed a great deal to the study of family violence, but solutions must involve the efforts of people from many disciplines. Such solutions require the coordinated efforts of advocates, professionals from many disciplines, business and political leaders, and representatives of community and government agencies. Psychologists frequently look to child welfare advocates and advocates for battered women when designing their research

or training programs or working with victims or abusers in their clinical practices. Furthermore, psychologists frequently work collaboratively with advocates and professionals in other disciplines to share knowledge, to help each other maintain safety, and to address professionals' emotional and psychological reactions to working in the field of family violence.

With dedicated, collaborative efforts, there is hope that victims of family violence can find safety, help, and healing, and that abusers can receive the education and treatment they need to stop their violent behavior.

To address the complexities of violence and the family, to improve the scope and quality of research in the field, to enhance the training of clinicians, and to increase the effectiveness of treatment for victims and abusers, the American Psychological Association's Presidential Task Force on Violence in the Family recommends actions in the following broad areas: public policy and intervention, prevention and public education, clinical services, training, and psychological research.

Recommendations for Public Policy and Intervention

1. We recommend that every community develop multidisciplinary **Family Violence Coordinating Councils with full participation of community service agencies, residents of the area served, and behavioral scientists.** The function of such councils will be to organize a comprehensive response to violence in the community and to coordinate the work of relevant agencies to plan, develop, and implement intervention programs that can restore healthy functioning to individuals and families. Effective programs require collaboration among and regular meetings of service providers and community agencies, including law enforcement personnel; courts; medical, psychological, and mental health services; social services; religious institutions; business and political leaders; child welfare agencies; educational institutions; and survivors of family violence. Attention to characteristics of the community (e.g., rural, suburban, urban, impoverished, affluent, and immigrant) and to issues of diversity (e.g., gender, race, class, family structure, and sexual orientation) is crucial for community agencies to provide effective services for victims and perpetrators.

1.1 We recommend that under the leadership of these Family Violence Coordinating Councils, communities develop Model Comprehensive Service Programs based on behavioral and social science theories and research findings. Coordinating efforts of health, social service, and criminal justice agencies, these programs should include a minimum of seven kinds of services: consultation, education, prevention, treatment and support services, legal services, residential services, and advocacy. Some of the key components of the core services in model community programs might include shelter, counseling, and therapy for children and adults, both victims and perpetrators; substance abuse prevention and treatment; service programs designed for specific groups including home visits for high-risk families; support groups for victims; education and counseling for perpetrators; advocacy and legal services; and victim compensation programs.

1.2 We recommend that intervention programs be developed that strengthen the bond between mothers and children who have been exposed to violence. Studies show that children who have a strong relationship with their mothers are most able to heal quickly from abuse; such studies suggest the need for greater experimentation with such models.

Recommendations for Public Policy and Intervention

- 1.3 We recommend that communities develop evaluation protocols to measure the effectiveness of all intervention programs.
- 1.4 We recommend that psychologists and other researchers collaborate with grassroots organizations to establish better data collection systems and to help design and conduct much-needed evaluation programs on the efficacy of treatment services, in a manner that safeguards victims and their families. These grassroots organizations have provided much of the treatment for women and children victimized by violence in their families, and most of these organizations have struggled to survive. Funds recently authorized through the Violence Against Women Act, which was enacted as part of the Violent Crime Control and Law Enforcement Act of 1994, offer many of these organizations resources to continue and expand and to develop more knowledge about family violence services.

► **2. We recommend that community intervention programs be established to help victims find safety and heal from their trauma, to stop offenders' abusive behavior, and to prevent recurrence of the violence.** Such a coordinated approach includes assessing the potential for lethal violence within a violent family situation, providing for the safety of the victims, and involving the perpetrator in appropriate legal and rehabilitative processes. Although services and intervention programs are already available in many communities for victims and perpetrators of family violence, the work of such programs must be more closely coordinated to build on what exists and to make the best use of available resources.

► **3. We recommend the development of regional centers, preferably university-based, for multidisciplinary professional training in family violence intervention.** Regional training centers should be linked to programs of basic and clinical research so that new knowledge is continually integrated into training curricula and practice experiences. The educational program should focus on graduate and postgraduate training of community professionals who provide services to family violence victims and perpetrators in the community. Program professionals should design new and innovative approaches to intervention and should assess their effectiveness through an ongoing program of applied research and program evaluation. Multidisciplinary centers should include fac-

Recommendations for Public Policy and Intervention

ulty and trainees from psychology, law, social work, medicine, nursing, and allied health services; battered women and child advocacy groups; criminology; law enforcement; journalism and communications; and public administration. In addition to training professionals and providing services to the community, such centers could also be used to evaluate the impact of laws pertaining to family violence and to develop communication strategies for public education about family violence.

► **4. We recommend that pre-sentence assessment be mandated for everyone convicted of violence against a family member, whether the conviction is a misdemeanor or a felony.**

Approximately 80% of all cases of family violence are filed as misdemeanors; consequently, in the majority of family violence convictions, the court must proceed with limited information to determine sentencing and treatment conditions. This pre-sentence assessment should be conducted independently, should include psychological assessment, and should be reported directly to the court.

► **5. We recommend that treatment be mandated for people convicted of violence against a family member.** Mandated treatment should be in addition to, not a substitute for, other sentencing conditions. Such treatment programs should take into account the research data available concerning perpetrators. New studies have identified several types of batterers, including those who abuse just one person, those who abuse all family members, those who have serious mental health and substance abuse problems in addition to violent behavior, those who show other types of violent and antisocial behavior, and those who continue to harass and stalk their partners after separation.

5.1 We recommend further research on the varieties of offender-specific programs that deal with stopping the violent behavior as well as with correcting the dysfunctional thinking that perpetuates the violence. Models to be assessed include brief therapy with probation, long-term therapy, cognitive behavioral treatment, education and attitude readjustment, anger management, resocialization, and anti-stalking therapy.

5.2 We recommend further research on the efficacy of various treatment modalities in stopping violence and preventing its

Recommendations for Public Policy and Intervention

recurrence. Among the variables to be evaluated are the group size and characteristics of facilitators: Many treatment programs for batterers occur in small groups with at least one facilitator who is a clinician, although some programs, particularly those that stress re-education and gender resocialization, use nonprofessionals or paraprofessionals as facilitators.

5.3 We recommend gathering information about the optimum length of time a batterer should be in treatment as well as standards and guidelines for measuring temporary and permanent changes.

5.4 We recommend that programs be developed and implemented in jails and prisons by mental health professionals for incarcerated abuse victims and perpetrators.

► 6. **We support policies that deny possession of firearms and ammunition as a condition of bail before trial to people arrested for battering an intimate partner. We recommend denying possession of firearms and ammunition as a condition of sentencing for people convicted of battering an intimate partner.** The presence of a firearm in a home increases manyfold the chances of someone in that home becoming a victim of homicide or suicide. In murders of an intimate partner, the most common deadly weapon is a firearm.

6.1 We recommend that families, communities, and schools move to restrict guns from youth and, furthermore, that families be educated about the need for safety measures if guns are in the home.

► 7. **We recommend systematic evaluation of the impact of community policing programs on the reduction and control of family violence.** Community policing is an approach to law enforcement directed toward crime prevention, early intervention in problems that set the scene for crime, and creation of safer communities. Encouraged at the highest levels of government, it is being implemented in cities throughout the nation. Basic principles underlying this new approach to law enforcement are consonant with a preventive approach to family violence.

► 8. **We recommend that victims of family abuse be eligible for victim compensation programs.** These funds are provided as grants to the state government, which distributes them to individ-

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uals as compensation for being a victim of a violent crime. Assessment and psychotherapy to treat the effects of family violence could be paid for through these funds.

► 9. **We recommend new efforts and programs within the public schools to detect and intervene in family violence and abuse.** The effects of family violence often are manifested in schools through children's academic failure, behavior problems, emotional disturbances, truancy, early dropout, and other troublesome indicators. Teachers may be the first to notice children who are showing symptoms that may signal the effects of family violence. Most school systems have psychologists and counselors who can assist in the assessment of such problems and in the development of appropriate referrals and services for children who suffer from trauma.

9.1 We recommend pre- and in-service training for all teachers and school administrators about family violence and community resources for dealing with it. Such programs should include information about gender role socialization and expectations that facilitate family violence, as well as about the impact of trauma on child development and mental health.

9.2 We recommend the development and assessment of school-based programs to teach children and adolescents how to recognize problems and seek help when they witness or experience family violence.

9.3 We recommend that schools create services for the earliest possible identification and referral of children who show emotional and behavioral problems related to unusually high levels of aggression and provide these children with appropriate educational experiences and psychological interventions.

Recommendations for Prevention and Public Education

► 10. **We recommend a focus on the development of primary prevention strategies to keep family violence from occurring.** The prevention of family violence involves changing attitudes, norms, and expectations for behavior. Primary prevention programs should be grounded in theory and take into account data from empirical findings, clinical experience, developmental knowledge, epidemiological research,

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and crime reports. Such programs should be long-term, should involve multiple community institutions and culturally appropriate approaches, and should be implemented through different venues within the community, including schools, healthcare systems, communications media, welfare systems, religious organizations, and other institutions and agencies.

- 10.1 We recommend that resources for public mental health services be reallocated so that more services are available for prevention programs and for early treatment of children and families with problems of aggression and violence.
- 10.2 We recommend that schools and parents teach children skills for critically viewing television and other media, to temper the effects of violence in the media and to help children benefit from the many positive educational aspects of television and other media. More than 50 years of research has shown that heavy viewing of violence on TV is associated with an increase in violent behavior. But research also has shown that these harmful effects can be ameliorated by programs designed to enhance children's critical viewing skills.
- 10.3 We recommend that radio, television, and other electronic multimedia producers review all productions for the potential impact of any violent content on families. We believe that manufacturers and producers should take responsibility for the content of the programs they develop. This may include hiring staff or consultants to assist with using research or clinical materials to understand potential risks to children and adults.
- 10.4 We encourage community, school, family, and media involvement in prevention and treatment programs that focus on the links between substance abuse and violence.
- 10.5 We recommend that television producers develop shows that present constructive alternatives to violence in conflict situations and in family relationships.
- ▶ 11. **We recommend the development of programs within the public schools to prevent family violence and abuse.** Schools are an important venue for such prevention efforts because they have continuous contact with young families in the community and can be influential agents to alter the culture of violence prevalent in American society.

Recommendations for Prevention and Public Education

- 11.1 We encourage schools to take the long view of violence prevention, ensuring that their curricula, administrative practices, and interactions with students aim toward preventing the development of violent behaviors. Implementation of such an approach would involve teachers, school administrators and staff, students, and parents. It would foster nonviolent conflict resolution, creative problem-solving, constructive gender role socialization, and respect for all people.
- 11.2 We recommend that schools and parents teach both girls and boys to respect the skills and capacities of all children so that they grow up valuing achievement and nurturance in themselves and others, free of the prejudice and bias that comes from stereotyped gender roles, as well as from racism, homophobia, and discrimination that is based on differing physical and mental abilities.
- 11.3 We recommend that schools integrate material into their curricula targeted to problem-solving and conflict resolution, with a focus on nonviolent means of resolution.
- ▶ 12. **We recommend the development of a public-private-media partnership for national education on family violence.** Using the knowledge base that psychology has developed through scientific research and clinical experience, such a partnership should include an information campaign to educate the public about ways to prevent family violence and to seek help as early as possible if violence occurs. It also should include the development of coordinated interdisciplinary training and educational materials for psychologists and others involved in the field of family violence.
- 12.1 We recommend that corporations, businesses, and other places of work provide public education programs to increase the recognition that physical abuse is not acceptable, that violence at home is a crime, and that services are available to help families troubled by violence. A number of public education campaigns on battering and child abuse currently exist, and it is important to work with other professional groups to coordinate these efforts. The media has the potential to contribute to the escalating level of family violence or to seek new and innovative ways to curtail it. The advent of the information superhighway, with its potential increase in programming capacity,

Recommendations for Prevention and Public Education

makes it more important than ever to eliminate excessive, gratuitous violence in the media. The information superhighway and developing technologies also will provide an unprecedented opportunity for public education programming.

▶ **13. We recommend that corporations, businesses, and institutions develop policies that address family violence.** The effects of family violence are costly for employers when they are evidenced in absenteeism, poor performance, disruptive behavior, injuries requiring medical attention, or violent incidents in the workplace. Employers can work in their own economic interest and in the public interest to educate managers and staff about family violence, to facilitate referrals through employee assistance programs or community agencies for victims or perpetrators of family violence, to assist with workplace security concerns as necessary for victims, and to support violence prevention programs in the workplace and the community.

▶ **14. We recommend the development of programs to help families meet their own responsibilities in preventing violence at home and in coping with its consequences in their communities.** Families themselves bear the ultimate responsibility for reducing family violence in their own homes. However, the intensity and level of danger involved in the violence as well as the complexities involved in stopping the violence often make it difficult for family members to meet this responsibility without assistance. Various community institutions can be employed to educate and support families in parenting, nonviolent problem-solving, tolerance for diversity, discipline without physical punishment, and balanced power relationships.

▶ **15. We recommend that human service organizations, churches, parent-teacher associations, and other groups attempt to involve isolated families in community activities; provide educational programs on family communication, conflict resolution, and power and control; and disseminate information on the prevention and treatment of family abuse.**

15.1 We recommend the provision of early and prompt treatment for alcohol and drug abuse problems as an important aspect of reducing family violence. Alcohol use is associated with more than half of fights and assaults in the home and with nearly two-thirds of all homicides.

Recommendations for Clinical Services

▶ 16. We recommend that routine screening for a history of victimization be included in standard medical and psychological examinations and be considered in the development of individual treatment plans. The psychological trauma associated with violence among family members should become widely recognized by all health care providers, and referrals should be made to appropriate specialists for treatment. When the psychological reaction to violence is severe, it often meets criteria for a clinical diagnosis, termed a disorder. The most common disorders associated with family violence include conduct disorders among children, aggressive behaviors, attention deficit disorder, dissociative disorders, PTSD, anxiety disorders, depression, and other affective disorders. However, in the face of such symptoms, too often health care practitioners, educators, and other service providers or community leaders do not recognize the probability that such disorders are the direct result of exposure to violence; nor do they realize that they should be taken as an indicator that abuse may have occurred in the home and may be an underlying factor in the disorder. Validation of the experience of assault as a trauma is an important first step in the recovery process of victims, and they need reassurance that they can be helped to recover from the traumatic experience.

- 16.1 We recommend training for all health professionals, especially staff in hospital emergency rooms, on crisis hotlines, in mental health centers, and in substance abuse treatment programs, in how to recognize symptoms of abuse, how to query patients effectively, how to assess danger, how to make safety plans, and how to make appropriate referrals to local community resources.
- 16.2 We recommend that psychologists and other clinicians be specially trained and be available to provide psychotherapy and other clinical and support services as needed to help victims heal from the effects of trauma. Such services should be available to victims of all ages and should include assessment and treatment for trauma-related mental health problems such as neuropsychological, affective, anxiety, and behavioral disorders.
- 16.3 We recommend the development and dissemination of new models of clinical intervention that address the vast num-

Recommendations for Clinical Services

bers of victims, without pathologizing the victims, in settings that are easily accessible and affordable.

- 17. **We recommend that standards and guidelines be established by each professional discipline that is concerned with family violence identified in a clinical setting. These standards and guidelines should focus on evaluation and treatment of woman and partner battering, child abuse and maltreatment, and elder abuse. We recommend that APA take the lead and establish such standards and guidelines for the discipline of psychology.**

Professionals in criminal justice, law, health care and allied fields, psychology and mental health, social service, and education should have guidelines for recognizing, evaluating, and treating such cases. Each profession also should work to establish uniform standards of education and training for those who work with family violence cases, and to develop policies about collaboration with other disciplines and advocacy organizations.

- 17.1 We recommend that clinical guidelines be established for evaluating and treating adults who report or recover traumatic memories of childhood abuse. These guidelines should encompass constructive interviewing techniques that reduce the likelihood of suggestibility by the clinician at the same time they respect the possibility that traumatic memories can be dissociated and later recalled during psychotherapy.

- 17.2 We recommend that APA and appropriate governmental, legal, and regulatory bodies act swiftly to address the ethical, legal, and practice concerns growing out of recent legal actions against psychotherapists working in the area of interpersonal violence. Clinicians have raised new concerns about their professional and legal vulnerability in providing services to victims. In recent years, harassment of therapists who work with victims of abuse has escalated. An organized campaign to undermine the practice of psychotherapy is under way with the introduction of a misleadingly-titled "Mental Health Consumer Protection Act" in state legislatures. Other efforts have centered on state licensure and grievance procedures and legal malpractice actions. The absence of professional guidelines for psychotherapists working with victims of interpersonal violence contributes to the vulnerability of therapists. Similarly, psychotherapists working in the area of

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interpersonal violence almost always must interact with the courts, although few have been formally trained in how to deal with the legal system. The increase in ethics charges and legal cases against therapists, and the ease with which unfounded charges may be pursued at great personal cost and expense to the therapist who is ultimately exonerated, has a chilling effect that in time could discourage the provision of mental health services in instances of family violence, and this may jeopardize the public interest.

- 18. **We recommend that the next revisions of the *Diagnostic and Statistical Manual* include a separate category for trauma reactions covering the symptoms that occur when someone is subjected to long-term severe physical, sexual, and emotional abuse within the family.** The *Diagnostic and Statistical Manual (DSM-IV)* does not yet have a special category for trauma reactions, although a range of reactions is covered within the PTSD category and within the new Acute Stress Reaction category that describes trauma reactions lasting less than a month. A separate trauma disorder category would facilitate more precision in diagnosis by mental health service providers. Research is needed to more clearly define the criteria to be included in such a category.

Recommendations for Training

- 19. **We recommend the development of psychology curricula, graduate training, practicum experiences, internships, and residencies in the area of family violence and other forms of trauma.** Each year, large numbers of families who are victimized by violence seek help at a time of critical need, and they often are unable to locate professionals with specific training to help them take steps to stop violence at home and heal from their trauma. This situation is, in part, a consequence of the presently fragmented and irregular nature of professional education and training in family violence interventions. A great deal of family violence intervention training is conducted by individual practitioners without institutional support; university programs for training and research in these specialized interventions are rare. There is a pressing need for stable institutional resources with a critical mass of expertise to test promising new interventions, to train newcomers to the field, and to disseminate information about successful intervention

Recommendations for Training

models to practitioners in several professions. It is important to begin teaching about family violence in undergraduate psychology curricula and to integrate studies of trauma and violence throughout all levels of psychology education.

► 20. **We recommend specialized training for therapists working with perpetrators and victims of family violence.** Training programs should incorporate the extensive knowledge acquired in recent years about how to diagnose and treat victims of family violence who experience PTSD and other trauma-related disorders and how to use the law and support systems to assist these victims. Issues around the training of therapists and about their professional role are assuming increased importance as the nature of family violence grows more complex. Graduate preparation and continuing education curricula should include treatment of both victims and perpetrators of family violence, as well as instruction on how to interact with the legal and judicial systems, including how to be an expert witness and how to interact with the advocacy community.

20.1 We recommend consideration of creating a specialization in family violence research methods and clinical interventions.

20.2 We recommend that all mental health professionals performing evaluations in child custody cases be trained in domestic violence issues.

Recommendations for Psychological Research

► 21. **We recommend that allocations for research funds in the area of family violence should be commensurate with the magnitude of the problem and the seriousness of the impact of such violence.** More resources should be devoted to the study of family violence, and such resources should be made available immediately. There is a critical need to expand and refine our knowledge about the frequency, etiology, and course of violence in family settings and to evaluate and refine intervention strategies aimed at prevention, treatment, and rehabilitation, as well as to evaluate and refine social service, law enforcement, and legal approaches to perpetrators and victims.

► 22. **We recommend the initiation of a long-term, comprehensive, prospective program of epidemiologic research on violence in the family.** Such a research program initially could clarify the extent and

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nature of family violence by establishing rates by age, gender, sexual orientation, and marital status, as well as by socioeconomic and ethnic differences in rates of each type of abuse. At the same time, such a program of research could identify risk and resiliency factors and answer questions such as the extent to which child abuse or neglect is a precursor to involvement in abuse during adulthood, either as victim or as perpetrator. The inclusion of nonclinical populations outside the criminal justice system can advance scientific understanding of the multiple pathways to and outcomes of family violence, as well as the context in which such violence occurs. Follow-up studies could provide information on changes over time in violent behaviors and on the long-term physical and psychological outcomes of experiencing violence in the family setting.

- ▶ 23. **We recommend that research on the social contexts in which family violence occurs include ecologic and ethnographic research on communities, neighborhoods, and social networks. The role of community institutions such as churches and schools in preventing, sustaining, and ameliorating violence should be explored.** Too often, the social context in which violence occurs has been ignored. The structure of a society, prevailing attitudes, and gender expectations all have been implicated in fostering violence, but few studies of family violence have taken into account the social factors that impinge on perpetrators and victims.
- ▶ 24. **We recommend that public and private research funding agencies convene groups of experts to develop a lexicon of terms and definitions recommended for use in research studies and data gathering on family violence.** These standard definitions should also be implemented through guidelines in other systems that apply the research findings—for example, clinical services, education, law enforcement, and social services—and respond to family violence. Inconsistencies in terminology make it difficult to establish large epidemiological studies. Furthermore, these inconsistencies confound the interpretation of findings across studies, and limit communication across professions and academic disciplines that conduct and evaluate research on family violence. In interpreting research findings, therefore, it is necessary to pay close attention to definitions of basic terms before making comparisons of statistics among various studies.
- ▶ 25. **We recommend improved data collection and analysis to answer many scientific and policy questions. The importance of**

Recommendations for Psychological Research

such data warrants a concerted effort to coordinate and meld findings from data collected through health, legal, social service, education, and law enforcement agencies in order to understand patterns of family violence and its aftermath in communities and societal institutions.

25.1 We recommend continued monitoring and refinement of the Department of Justice National Crime Victimization Survey and the Uniform Crime Reporting Program to improve means of tracking the prevalence of family violence.

25.2 We recommend that the Congress mandate and fund a federally supported national survey to determine the full extent and character of violence in families. Increased attention should be paid to groups of individuals neglected in existing studies, including adolescents, single adult women, incarcerated and institutionalized people, the homeless, people with physical disabilities, ethnic minorities, and the elderly.

▶ 26. We recommend a review and evaluation of existing instruments for measuring family violence and its aftermath with an eye toward developing and testing new instruments and methodologies that not only quantify violent acts but also take into account their provocation, context, intentionality, and consequences. Empirical research on family violence is hampered by a dearth of appropriate assessment instruments.

26.1 We recommend the development of gender-sensitive and culturally sensitive measures that take into account the differences in men's and women's use of and response to violence as well as the differences in cultural norms regarding violence. We recommend psychological tests and assessment instruments that improve prediction of violence and responses to treatment and that assess adequately the multitude of abusive encounters that an individual may have experienced, as well as the emotional aftermath. Such instruments should be developed through the use of behavioral assessment strategies that are appropriate to adults and children, perpetrators and victims; norms should be established on ethnic and other minority groups. □

**AFTERWORD:
THE TASK FORCE
IN THE
CONTEXT OF
APA
VIOLENCE-RELATED
ACTIVITIES**

When Ronald Fox, PhD, assumed the presidency of APA in 1994, he chose *Psychology and Families* as the theme of his presidential year. As the centerpiece of that theme, he appointed members to the Presidential Task Force on Violence and the Family. Dr. Fox selected Lenore Walker, EdD, an internationally recognized authority on domestic violence, to chair the group; J. Renae Norton, PsyD, a clinician experienced in the treatment of families, was asked to serve as vice chair.

In his charge to the task force, Dr. Fox asked the members to:

- Summarize the psychological knowledge pertaining to violence and the family
- Describe family violence problems that can be prevented or ameliorated through psychological approaches
- Recommend promising directions for public policy, advocacy, research, and program development to prevent family violence and to temper its negative consequences for individuals, families, and communities
- Recommend APA policies, programs, or projects that will constructively influence psychological research, practice, and education relevant to violence and families

The expertise of the 10-member task force was expanded substantially by the appointment of a 22-member multidisciplinary

Advisory Council whose members offered ideas and materials for the task force work and who reviewed early drafts of the report. Through the APA Public Interest Directorate, the task force also had regular communi-

cation with the nationwide 250-member APA Cadre of Experts on Violence, a network of scientists, practitioners, and community leaders whose work pertains to violence.

The task force was convened for the first time in May 1994. Results of that meeting included a conceptual outline for the task force report as well as specific assignments for members to assemble and summarize material in their areas of expertise. Furthermore, the group discussed important legislative developments plus legal and ethical concerns that pertain to psychological practice with families in which violence is alleged or has occurred. At the 1994 APA annual convention in Los Angeles, a 3-hour session on family violence, including presentations by several task force members, was a featured part of the Miniconvention on Families. In addition, the task force sponsored an open forum to solicit ideas and comments on their work.

On the advice of the task force, in August 1994 task force chair Lenore Walker introduced a motion to the APA Council of Representatives to establish an ad hoc Committee on Ethical and Legal Issues in the Treatment of Interpersonal Violence. The motion was considered and approved through APA governance procedures; such a commit-

tee was appointed by the APA President and met for the first time in November 1995.

Task force meetings in September and December 1994 and in February 1995 were largely devoted to the development of this report. In the summer of 1995, the task force published *Issues and Dilemmas in Family Violence*, a brief document summarizing a dozen difficult problems that challenge scientists and service providers who work on family violence. Material from this publication formed the basis for the open forum with the task force at the 1995 APA annual convention, where task force members invited discussion, debate, and study of the complex issues that arise in research, clinical practice, service delivery systems, value orientations, cultural traditions, and the experience of family violence.

The task force operations were administered through the APA Public Interest Directorate, which in 1990 made violence a priority program area. Since then a wealth of important violence-related reports and activities were administered by the Public Interest Directorate, and violence has taken on more prominence as a priority for the entire association. Several groups already have produced critical reports—for example, the Committee on Women in Psychology Task Force on Male Violence Against Women; the Commission on Violence and Youth; the Working Groups on Treatment, Prevention, and Legal Issues in Child Abuse in Neglect; and the Task Force on Television and Society. Furthermore, the Committee on Children, Youth, and Families sponsored a conference on violence against children, and the Committee on Ethnic Minority Affairs initiated the Criminal Justice Policy Project to explore the impact of the fed-

eral crime bill on ethnic minorities. As part of the Human Capital Initiative project for research, APA is developing a behavioral science research agenda on violence. Also, the topic of workplace violence was an important track in *Work, Stress, and Health '95: Creating Healthier Workplaces*, APA's third interdisciplinary conference on occupational stress and health.

A recent survey conducted by the APA Public Interest Initiatives Office identified 95 violence-related projects among APA headquarters staff, state psychological associations, and APA divisions. Over several years, APA has developed a number of policy statements relevant to violence—on violence in mass media, firearm safety and youth, anatomically detailed dolls, psychological issues related to child abuse and neglect, the UN Convention on the Rights of the Child, violence against children by governments, hate crimes, the UN and human rights, handgun control, and corporal punishment. The Presidential Task Force on Violence and the Family intends to encourage further policy development within APA, as well as public education and advocacy for public policies that take into account psychological issues and knowledge along with other behavioral and social science research findings. □

**APA
PUBLIC INTEREST
DIRECTORATE
PROJECTS
ON VIOLENCE
1984-1996**

Task Force on the Victims of Crime and Violence

Task Force on Television and Society

Commission on Violence and Youth

Task Force on Male Violence Against Women

Child Abuse and Neglect Working Group

**Violence in America:
A Behavioral Science Research Agenda**

**Violence Against Children in the Family and the Community:
A Conference on Causes, Developmental Consequences,
Intervention and Prevention**

Presidential Task Force on Violence and the Family

Issues and Dilemmas in Family Violence, another publication of the APA Presidential Task Force on Violence and the Family, was issued in August 1995 and is available from the APA Public Interest Directorate.



AMERICAN
PSYCHOLOGICAL
ASSOCIATION

750 First Street, N.E.
Washington, D.C. 20002

For more information, contact: